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ABSTRACT

The National Institute of Mental Health (NIMH) Mental Health Planning Conference for the Spanish Speaking was held on January 11-12, 1972, in Bethesda, Maryland. Thirty Spanish speaking professionals and nonprofessionals from 12 states and the District of Columbia met with NIMH and the National Institute of Alcohol Abuse and Alcoholism. The conference proceedings are listed in 5 sections: (1) the conference in perspective, (2) reports of group meetings, (3) responses by the various NIMH divisions, (4) summary of recommendations by the participants and some divisions, and (5) a list of conference participants. Opening remarks by NIMH staff detailed the conference purpose and expectations; the conference as a step toward program planning for the Spanish speaking; DHEW health initiatives; present and future status of the minority center; and NIMH priorities. Reports discussed mental health services, manpower and training, special mental health programs, alcoholism and drug abuse, and mental health research. The divisions of mental health service, manpower and training, extramural research, special mental health, and the National Institute of Alcohol Abuse and Alcoholism made responses. (NQ)

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MENTAL HEALTH PLANNING CONFERENCE for the SPANISH SPEAKING

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Bethesda, Maryland

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in cooperation with

Center for Minority Group Mental Health Programs

Edited by

Susan G. Riley

National Institute of Mental Health
5600 Fishers Lane
Rockville, Maryland 20852

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Planning Committee

George L. Adams
Roberto L. Duron
Martin M. Katz
Ralph Littlestone
K. Patrick Okura
Marion E. Primas
James R. Ralph
Juan Ramos
Arthur E. Raya
Humberto Rosselli
E. Fuller Torrey

INTRODUCTION

In response to the high priority the National Institute of Mental Health has assigned to minority group mental health problems, the Planning Branch, in cooperation with Dr. Juan Ramos, Office of Program Liaison, initiated a planning effort focusing on the over ten million Spanish speaking. It was hoped that such a program relating to the second largest racial minority group would serve as a model for future planning with respect to other minorities -- Blacks, Asian Americans and American Indians. The NIMH Mental Health Planning Conference for the Spanish Speaking, which was held in January 1972, is only a step in an ongoing process concerning the Spanish speaking and is one part of a more comprehensive minority related plan. Activities directed toward minorities, particularly the Spanish speaking and Blacks, have continued throughout NIMH and future efforts have been planned.

In Spring, 1971, a working group from within the Institute, including Spanish speaking staff members, was convened to consider the directions to be taken in this initial planning effort. This group decided that the Planning Branch should first of all examine what NIMH had previously accomplished in relation to the mental health of the Spanish speaking before developing any new plans. In addition, it was decided that information should be obtained from a number of Spanish speaking communities which could provide a basis for NIMH's understanding of the perception of mental health as seen by the communities and the existing organizational structure and forces at work. Accordingly, the Planning Branch and the Office of Program Liaison arranged several contracts employing Spanish speaking graduate students and faculty to develop this information.

Dr. Amado Padilla, a psychologist now with the University of California, Santa Barbara, evaluated the NIMH service, training, and research programs relating to the Spanish speaking on a national level. In addition, he compiled a preliminary bibliography of the literature pertaining to mental health and the Spanish speaking. Two other projects focused on two distinct geographic areas with large Spanish speaking populations. Mr. Ray Valle and Miss Esmeraldo Vallejo, both

social work graduate students, conducted a two-part study in the largely Chicano community of East Los Angeles. Miss Vallejo surveyed the consumer's perspective of mental health and appraised the services in terms of this perspective, and Mr. Valle examined the provider services aimed at meeting the mental health needs of this Chicano community. Finally, Mr. Bernardo Eureste, a graduate student at the University of Michigan, met with Spanish speaking groups in Detroit, Chicago, Toledo, and Washington, D.C.

In order to involve Spanish speaking from outside the Institute in the planning process, a meeting was held in July, 1971 with Spanish speaking individuals and NIMH and DHEW staff to evaluate the work planned for the summer and to outline the next steps in the planning process. This group agreed that after the preliminary studies were completed, a conference should be held bringing together Spanish speaking individuals from across the country to meet with NIMH staff. It was felt that both parties could benefit from such a meeting. The Spanish speaking constituents could provide NIMH with useful information about the Spanish speaking communities' mental health needs. They could also evaluate the current Institute programs. On the other hand, NIMH staff could answer questions regarding the NIMH mechanisms and programs for the Spanish speaking. In addition, the conference would give the Spanish speaking participants and the NIMH staff an opportunity to work out a set of recommendations to guide mental health planning.

These elements form the background leading up to the January conference held in Bethesda. Approximately thirty Spanish speaking professionals and nonprofessionals came from twelve states and the District to meet with NIMH staff from each Division and from the National Institute of Alcohol Abuse and Alcoholism. Included in the proceedings are the opening remarks made at the general session by NIMH staff including Dr. Bertram Brown, Director, and the keynote address by Tomás Atencio. It includes, in addition, workgroup reports, recommendations and each Divisions' response.

While this material reveals the substantive events, there were feelings expressed on both sides that

established the tone of the Conference. In previous years, Spanish speaking constituents were reluctant to meet with NIMH until they could better define their own situations and priorities. Further, many of the Spanish speaking claimed a certain uneasiness in dealing face to face with an agency that they believed insensitive to the mental health problems and needs of the Spanish speaking. On the other hand, NIMH staff, who are daily confronted with requests from various minority groups and from other high priority interests, looked optimistically at the Conference, but perhaps with some reservation about the substantive results. One of the NIMH Spanish speaking staff summarized these feelings in saying that the Spanish speaking participants and the NIMH staff came to the Conference with "suspiciously common interests."

Early in the Conference the Spanish speaking members presented to Dr. Brown a set of eleven demands requesting change in NIMH's actions in relation to the Spanish speaking. The major issues dealt with the appointment of Spanish speaking members to the Grant Application Review Groups and to the National Advisory Mental Health Council, the elimination of racism in NIMH staffing practices, and a bilingual and bicultural focus of mental health programs concerning the Spanish speaking. Dr. Brown summed up the demands by defining the basic issue as one of gaining political power for the reallocation of resources directed toward programs for the Spanish speaking. Dr. Julius Rivera, in his remarks at the end of the Conference, concluded that "the minorities must establish a power base from which to operate in their efforts to affect decision-making processes."

This initial confrontation focused the feelings of skepticism on the part of both groups. The Spanish speaking participants proposed that the workgroup sessions be spent discussing their demands with the NIMH staff. While one workgroup did exclusively deal with these demands, the others discussed specific problems in the areas of service, training, research, alcoholism, and drug abuse. The workgroups compiled specific recommendations for NIMH action to meet the special needs of the Spanish speaking in each field. A major point that was stressed throughout the Conference concerning these recommendations was that any provisions for change should involve both

the Spanish speaking constituants and the NIMH staff. One of the Spanish speaking participants summed up her assessment of the Conference as noting "some skepticism, some negativism, and some positivism" on both sides.

In the closing session, recommendations were made that there be a follow-up conference involving the same group, taking advantage of progress made at this meeting, the first national mental health conference of representatives of the major Spanish speaking sub-groups meeting with top NIMH staff.

Agenda

Tuesday, January 11, 1972

9:00 a.m. - 10:30 a.m.
General Session
Chairman: Ralph Littlestone

Purpose and Expectations of the Conference
Juan Ramos, Special Assistant to the Director, Office of Program Coordination, NIMH

The Conference as a Step Toward Program Planning in Relation to the Spanish Speaking
Harry P. Cain II, Assistant Director for Planning and Evaluation, NIMH

DHEW Health Initiatives Relating to Spanish-Surnamed Americans
Arthur E. Raya, Special Assistant on the Health Needs of Spanish-Surnamed Americans, Office of the Assistant Secretary for Health and Scientific Affairs, DHEW

Mental Health and the Spanish Speaking
Tomás Atencio, Coordinator, La Academia, Dixon, New Mexico

10:30 a.m. - 11:00 a.m.
General Session of the Spanish Speaking Participants
Chairman: Juan Acevedo

11:00 a.m. - 1:00 p.m.
General Session
Chairman: Ralph Littlestone

NIMH Priorities
Bertram S. Brown, Director, NIMH

2:00 p.m. - 3:30 p.m.
General Session
Chairman: Juan Ramos

3:30 p.m. - 5:00 p.m. Workgroups

Mental Health Services
Amelia M. Castillo, Chairman
Milton N. Silva, Resource

Manpower and Training
Raquel E. Cohen, Chairman
Ismael Dieppa, Resource

Research
Amado M. Padilla, Chairman
Thomas Langner, Resource

Special Mental Health Programs
Magdalena Miranda, Chairman
Robert Peña, Resource
Trinidad Piña, Resource

Alcoholism and Drug Abuse
Juan D. Acevedo, Chairman
Celia Dulfano, Resource

5:00 p.m. - 6:00 p.m.
General Session
Chairman: Juan Ramos

8:00 p.m.

General Session of the Spanish Speaking Participants
Chairman: Juan Acevedo

Wednesday, January 12, 1972

9:00 a.m. - 12:00 noon Workgroups continued

1:00 p.m. - 3:00 p.m.
General Session
Chairman: Juan Ramos

Status of the Minority Center: Present and Future
James R. Ralph, Chief, Center for Minority Group Mental Health Programs, Division of Special Mental Health Programs, NIMH

Workgroup Reports

3:00 p.m. - 4:00 p.m.
General Session
Chairman: Ralph Littlestone

Response: NIMH Divisions

Division of Mental Health Service Programs
Claudewell S. Thomas, Director

Division of Manpower and Training Programs
Bernard Bandler, Director

Division of Extramural Research Programs
Louis A. Wienckowski, Director

Division of Special Mental Health Programs
Walter M. Smith, Deputy Director

National Institute of Alcohol Abuse and Alcoholism
Kenneth L. Eaton, Deputy Director

Division of Narcotic Addiction and Drug Abuse
Robert W. Carrick, Assistant Chief,
Narcotic Addict Rehabilitation Branch

Conference in Perspective

Purpose and Expectations of the Conference

Juan Ramos
Special Assistant to the Director
Office of Program Coordination, NIMH

The two areas that I am going to try to express something about this morning are the purpose of this Conference and our mutual expectations. This meeting is a step in an ongoing process that can be traced back as far as ten to fifteen years, but that has gained momentum more so in the last four years. It involves both an external process that has been going on for some time and an internal NIMH process that started early in 1971.

The external process involves at least three meetings beginning, as I recall, back in mid or late 1969. A meeting was held in Tucson, Arizona which brought together a number of people from the Southwest and from the three NIMH Regional Offices in that area, Denver, Dallas, and San Francisco. At that time there was a very strong feeling that Spanish speaking people ought to get together by themselves to define the situations within their own communities, to try to develop some awareness and concern regarding this definition, and to begin to lay down the steps to do something about these particular situations. After that meeting there were additional meetings held in Las Cruces, in San Antonio, and in other cities across the country. Again, the Spanish speaking expressed a strong feeling at all of those meetings that they wanted to get together to define their concerns on their own terms. They felt that bringing in non-Spanish speaking participants would prevent them from dealing with the concerns and the discussions at hand.

This meeting today is probably the first time that a large group of Spanish speaking people from across the country has met with a similar number of NIMH people. There is a feeling that now the Spanish speaking participants have a clear idea or definition of their priorities for certain areas because of a number of projects and efforts that have taken place and because of some of the discussions that have gone on with NIMH people. We thought that now Spanish speaking participants would talk with NIMH staff and come up with some feasible and constructive programs. So then, the

purpose of this meeting is to work together in a co-operative way and through the process of negotiation, hammer out some proposals, ideas, and future steps so that we can move forward together with the kind of support that is needed both from within the Institute and from outside.

The internal process that has taken place has involved a small NIMH staff committee and a number of consultant contractors that have done some work for NIMH. For example, Amado Padilla, who is here at this meeting, worked in the Planning Branch last summer. Two graduate students did some work in East Los Angeles while other individuals made some visits to some of the midwestern Spanish speaking communities. You will find summaries of their reports in your folders. So then, this meeting offers, in terms of the internal process, an opportunity for discussing those specific things that have been done or are in the process of being done here in the Institute.

Now, as to the expectations of this Conference. We have had small meetings here in the Institute with people brought in from the outside to discuss what could be expected from this kind of meeting. We came up with three main areas that vary to some extent. It was felt that participants would come here with the idea that the Institute, because of its knowledge and expertise, has a workable plan for the Spanish speaking population in the area of mental health. One expectation, then, is that people are coming to listen to the staff at the Institute to learn what has been done by NIMH. There was another feeling that people in the Institute, which is located in Rockville, and in the Northeast, could not be sensitive to Spanish speaking concerns of communities in New York City, Florida, the Southwest or the Midwest. Because these NIMH people are thought to be insensitive, and unconcerned, it was then expected that outsiders would come in to sensitize the staff with their ideas about the needs of the Spanish speaking. A third set of expectations goes something like this: there are for the most part in the Institute a number of well-meaning, hard-working people that are very concerned about progress, the delivery of services to human beings, and the eradication of institutionalized racism. These people need to learn about the community's perspective they know very little about. To accomplish this goal would require participants to come in and get involved in the process of assisting and working together

with NIMH in a cooperative fashion to weld the inside and the outside interests together into some workable plan that has an opportunity to be implemented and to see the light of day. It seems to me that this third kind of perception is what we would like to see expressed in this meeting. There are a group of people in the Institute, many of whom are here today, that you will find to be willing and ready to provide ways and means of relating to the critical issues that you bring before them and to work out, in a cooperative way, efforts that will make a difference. Likewise, seeing a number of people here that have been involved with us in several other conferences, I know that you are ready to engage in this process in a constructive way to come up with some suggestions that are workable.

I hope at the end of the two days, through the workshops and general discussions, that we can come up with something that is feasible, that makes sense, and in terms of your point of view, will make a difference in your communities throughout the country.

The Conference as a Step Toward Program Planning in Relation to the Spanish Speaking

Harry P. Cain II
Assistant Director for Planning and Evaluation
Office of Program Planning and Evaluation, NIMH

Speaking for myself and on behalf of NIMH, I would like to say that we are very happy that you are here. I had planned to keep these remarks short, and after having heard Juan, I can keep them even shorter. He has said, I think, most of the things that I would have said. I had intended to reconfirm the seriousness that NIMH attaches to this Conference and all it stands for, but now I do not think that is necessary. If there are still pockets of scepticism on that issue, as I think there ought to be, you will have to judge that issue for yourselves. From the perspective of program planning and evaluation in NIMH, which is the area of NIMH in which I spend most of my time, I think it is essential for you to see that there is a lot of knowledge that we do not have, that we need, and that in substantial part you can provide by developing the kinds of programs that will appropriately respond to Spanish speaking populations. Incidentally, I have seen the several pages of questions that you will be addressing in the workgroups over the next two days, and if you can answer those, I think we will have the knowledge that is required.

I would emphasize another point. If we have agreed now to a partnership between NIMH and the Spanish speaking populations, as I think we have, then that agreement implies that there are very strong obligations for serious kinds of performances on both sides. NIMH has its own resources in substantive knowledge, in administrative skills, and in a certain amount of clout on Capitol Hill and other places. None of these is available, however, in sufficient power to achieve everything that we would like. I think that the Spanish speaking have a lot to contribute. I know that in the area of clout that you are becoming substantially stronger all the time. From our point of view, this development is going to be helpful.

There is one further item I would mention. As a result of some of the exercise of clout that you have

developed, it has become clear that although there is an appropriate concentration on Spanish speaking populations, there is a lot beside language that ties you all together. It is also clear that you do not all speak with the same accent. Since that is the case, it becomes incumbent on us to assure that we attend to every significant viewpoint that comes out of the Spanish speaking population, and we intend to do this.

Let me conclude, then, as I started, that we are happy that you are here.

DHEW Health Initiatives Relating to
Spanish-Surnamed Americans

Arthur E. Raya
Special Assistant on the Health Needs
of Spanish-Surnamed Americans
Office of the Assistant Secretary
for Health and Scientific Affairs, DHEW.

I want to bring greetings to you from Dr. Duval, the Assistant Secretary for Health, for whom I work, and with whom my office has been developing broad initiatives in the area of physical and mental health on behalf of the Spanish speaking constituency. It would be redundant for me to tell you that only recently have the unique problems of the Spanish speaking communities been recognized. I am sure the issues, by now, are quite clear to you who are experts in the fields of mental health. I know you will be addressing issues such as the lack of accurate data; underrepresentation in health professions, particularly in the area of mental health; the lack of coordination of program development, not only on behalf of the Spanish speaking, but, also, on behalf of the total under-served community; and the lack of relevancy of programs. Correcting these errors requires staff participation and includes building cultural and linguistic elements into programs. These are the kinds of measures, I am sure, NIMH is considering.

As you know there is a commitment in the Office of the Secretary in relation to the Spanish speaking. The Secretary has expressed that commitment a number of times as has the Assistant Secretary for Health. And this meeting here is a tangible demonstration of what NIMH is doing on behalf of the Spanish speaking.

As Dr. Ramos indicated, there are a number of concerned persons within the NIMH structure. Many of these recognize the problems and are planning and developing ways to resolve them. Because NIMH is much further along than other agencies, it has been much easier for me to relate to this Institute. We have received, certainly, some very positive response and are looking for the kinds of efforts that will make mental health services relevant to the Spanish speaking communities. I think this effort is in good hands.

In addition, in developing broad initiatives in the entire area of physical and mental health, it is again a pleasure to meet those of you here who are experts. There are a number of things which are underway now which will need your support if, in fact, there is to be a successful outcome. We are in the process of preparing in final form a rather comprehensive document identifying the major issues in health including recommendations for the Assistant Secretary. Dr. Ramos, incidentally, has been working very closely with us on that report. As a matter of fact, we met yesterday regarding the final draft.

Another upcoming event which will be of interest to you is a conference to be held later on this month in San Antonio where we will address the health needs of the Southwest. NIMH has been extensively involved in this conference and Dr. Bertram Brown will make a formal presentation there. We plan to address the major areas in the mental health programs in our workshop discussions. And so the outcome of that conference will be an important documentation that we will share with you and hope that you will support.

Another item of interest is that, as part of the effort to develop linkages of communication between the Spanish speaking community and the Office of the Secretary, my office is publishing a newsletter. Only the first issue has been released, and it includes mostly personnel items and a few brief descriptions of program activities within FDA, NIH, and HSMHA that are in some way affecting the Spanish speaking. We did have some trouble in identifying material but hope that it will not be so difficult in the future.

Yes, there are many things happening. There are many initiatives being developed, and I hope that you will have success today and tomorrow in identifying those points that will make mental health programs more relevant to concerned Spanish speaking communities.

Status of the Minority Center: Present and Future

Division of Special Mental Health Programs, NIMH
Center for Minority Group Mental Health Programs
James R. Ralph, Chief

First of all, I would like to tell you that the Center for Minority Group Mental Health Programs is not the Center for all minority problems or affairs within NIMH. I think this is obvious when you remember that the Center has a budget of only $3 million while the entire NIMH budget is something close to $600 million. So, you can see that the resources that we have for minority affairs, of course, cannot begin to deal with all of the problems. However, the Center can and will serve a very important and significant function within NIMH by being an in-house minority advocate and consultant to encourage other areas within NIMH to spend their money more effectively in terms of the needs of minority people.

I understand that there are many negative ideas circulating throughout the country about the Minority Center. I would like to take this opportunity simply to tell you the facts about the Minority Center. As you know, the Center officially came into being July 1 of this year. I am the Center's Chief, and my background is in psychiatry. In addition to my position, we have six other staff positions. At this point we have a Black grants clerk, a Cuban secretary, and a Black psychologist who serves as the Executive Secretary. We have two other positions which are in the process of being filled. One will be filled by a Mexican American social worker, Mr. Valdemar Gonzales. As you probably know, he is an associate professor of social work at Sacramento State College. He will have the position of Assistant Chief of Social Work Programs, and will be concerned with social work programs pertaining to all minorities. The other position will be filled by Mary Harper, a Black registered nurse as well as a Ph.D. sociologist. I felt that it was quite important that in the beginning we acquired a broad representation of the behavioral sciences on the staff. By no means is the staff complete. We plan to have representation from other minority groups. I have been informed that by the beginning of fiscal year 1973, we will have three additional professional staff positions. At that time we will be able to bring in other minority representatives on a full time basis.

Now, I have heard many criticisms that my immediate staff is weighted too heavily toward Blacks. This is true. But as we are constrained in the first place by limited positions, it is very hard to cut the pie to satisfy everybody. My own conviction about the Center is that I am not here to win a popularity contest or anything of that sort. My staff and I have some very strong feelings about truly representing minority groups. We cannot please everybody at the same time, but our intentions are to do so. In my estimation, we have very good minority representation. I think the Initial Review Committee of the Center is a good example of this representation.

The committee consists of fourteen members. It is an ad hoc review committee at present. Certain paper work is required before it becomes permanent. Of those fourteen persons serving on the review committee, six are Black; four are Spanish speaking; two are American Indian; one is Japanese American; and one is Chinese American. I would like to take a moment to point out our Spanish speaking members. We have present today, Mr. Ismael Dieppa. Miss Deluvina Hernandez, a Ph.D. candidate in sociology at the University of California, is another member. Dr. Edward Casavantes, the founder of Psychologists de La Raza as well as Dr. Victor Bernal Del Rio, Puerto Rico's senior psychiatrist and psychoanalyst are also members. So, I think, by no means have we avoided or neglected our responsibilities as far as the Spanish speaking people are concerned.

Let me tell you briefly, what the basic projects of the Center are at this point. First of all, in planning the Center's program, I decided that we would plan from the outside in, rather than from the inside out, as seems characteristic of so many Federal agencies. Often times people sit inside these Federal buildings here in Washington and plan for programs for people on the outside. I am going a different route. We decided to have four separate meetings, one each for Blacks, Spanish speaking, Asians, and Indians. The model is this: I will ask the chairmen of the national behavioral science groups to serve as my planning committee for the meetings. For example, we will shortly have a meeting for Spanish speaking people. I will be asking the chairmen of the sociologist, psychologist, psychiatrist, and social worker groups to serve as my planning committee. I will ask them for suggestions and recommendations regarding the Minority

Center's program in relation to Spanish speaking people. I will ask, first of all, for recommendations of people who should be involved in this meeting. We have funds that will allow us to bring in forty experts, both lay and professional. These experts will be named by the planning committee. The format, the style of the meeting, the location will be determined by this advisory committee. We have already followed this process in regard to the Blacks and will use it for the Asians and the Indians.

Secondly, we decided that in order to determine where we should go as far as mental health affairs is concerned, that we should find out where we have been. Along that line, we are developing contracts for annotated bibliographies of literature on minority mental health concerns. We have already given out a contract for the Spanish speaking bibliography which Dr. Padilla will be doing for NIMH. This will be a comprehensive review of the mental health literature related to the Spanish speaking. The editions will appear in Spanish as well as in English.

Another project that we are working on right now is the development of a roster of mental health professionals. We often hear in the Federal government, "We would like to have a Chicano social worker, but we cannot find one. We would like to have a Spanish speaking psychologist, but we cannot find one." Well, this is just an excuse. And it will be very difficult to use that excuse when we have a roster which will be computerized and kept up to date indicating the quality and quantity of minority professionals in the mental health field.

We are also instituting a minority scholar program. We will be employing Spanish speaking, Black, Asian and Indian students to join our staff on a temporary basis for 365 days minus one day to do special projects.

So, these are some of the things we are doing now and plan to do in the future.

Mental Health and the Spanish Speaking

La Academia Dixon, New Mexico
Tomás Atencio, Coordinator

It says here on the agenda that I'm supposed to talk about "Mental Health as Seen by the Spanish Speaking Community". We have a saying in Old Mexico, "Aunque sea del mismo barro, no es el mismo bacín que jarro." So I don't know whether I'm bacín or jarro, but I do know that I cannot speak for everybody in the Spanish speaking community. I can only speak for what this particular head perceives. Some people perhaps expect that I'll be talking about el barrio. Well, I don't come from el barrio. I live in a beautiful village in northern New Mexico. Every now and then I go to San Antonio to work with the outreach program there, and sometimes I go to work with COPAS, a community organization in Santa Fe. But I will have to speak from my point of view, and you will have to sift through my perceptions to see if they make any sense to you.

I want to divide this presentation into three parts. First, I want to describe the kind of work I'm doing. That part looks like a political speech, but éste es el año del marrano, the year of politics, and everybody is going back to la canoa. I can't translate that. I heard someone say it means trough. That comes from one of our friends up in the mountains. I guess since I'm at the canoa too, I'll have to respond to this particular year. And then I'd like to outline some of the problems that we have such as malignant concern. That expression is a take off from the egghead at Harvard. Finally, I'll talk about some of the directions we should be taking.

Most of my work is dedicated to developing a body of knowledge which reflects the experience of La Raza. Although I consider myself a Chicano, I suppose it's better to say I'm an Hispano-Americano from New Mexico. I don't have much Indian in me except I was born with a spot on my cola so I guess that makes me an Indian. I can't deny that. But somehow they have called us Hispanos. Well anyway, my work consists in borrowing from the great pragmatists who say that knowledge is derived from experience and from action. We Hispanos agree with that statement, but as we look around we

find that our body of knowledge has been derived from somebody else's action. This creates problems. I don't mean that we Latinos have to accept pragmatism or John Dewey as our god, but this is just the way it ends up. I hear people say, "As our forefathers pushed westward..." and things like that. This doesn't make any sense in terms of where I come from. This just isn't my experience.

So as we begin to analyze this kind of inconsistency, we finally reach the conclusion that perhaps we do have a different body of knowledge that we must derive from our own experience. How, then, do we go about finding it? I'm un poco loco, you know, and I decided that this can't be done under the auspices of anybody else, because it might turn into malignant concern or turn our virtues against us. We have to do it ourselves and go into the field to find out what is really el oro del barrio, what is really the wisdom of the people, what is really the chemistry which has allowed us to survive these many years with the kind of conditions that we have had to live under. What is it that affords our people the ability to be able to exercise their own type of therapy or in some cases hydrotherapy? That's what was used in Mexico when someone had la melancolía. They used to call it the T's also. T's was associated with T.B., tuberculosis. The whole thing was all mixed up. And a person who suffered from la melancolía would come out the door and le volteaban una culeta de agua. They just poured a bucket of cold water on him, and that would cure him of la melancolía. I don't know whether that means anything. We also have herbs that we use. We have mild sedatives that now everybody else is using in cigarettes. But they use them for a different reason: to waste time.

We also have other experiences which come from our oral history, our traditions, and our folklore. At the present time, we are developing el concepto de picaresco. El pícaro dates back to Lazarillo de Tormes in Spanish literature and to La vida inútil de Pito Pérez in Mexico. I've just developed a paper for a Detroit meeting based on this defense mechanism, la vida del pícaro. It is an important mechanism for survival but is usually considered as a sociopathic type of behavior. So, I find in the kind of work I am doing even Pedro de Malas, a very common character in New Mexico folklore, is really another pícaro. Picaresco as well as machismo are elaborative ways of working out problems

in an oppressive society. The pícaro is a guy who is able to use his master's technique to screw himself. In an oppressive society that is the only way you can survive. So, perhaps we just ought to make everybody a community pícaro. These are all important latino defense mechanisms.

My work, La Academia de La Nueva Raza, is based on the concept that an ideological approach to education is necessary. This old idea of pouring in and pouring back, a banking kind of education, leaves the oppressed person or the minority person in the position where he is always looking at somebody else and getting from him and giving back to him for acceptance only. He never really develops his own identity or his own way of finding his health. So La Academia is engaged in a process of collecting a body of knowledge and of turning this body of knowledge into an educational process. And I think this process is applicable to the mental health and social service fields. For too long we have been working around an adaptation-adjustment model - an adjustment and adaptation to what? I think that as we begin to look at what we are adjusting to, we will realize that becoming middle class is not really our salvation. Finding a way to live within the structure might not really be the answer. So we are trying to find some way of developing a body of knowledge, paradoxical as it may seem, that reflects our experience, our life style, and our identity. And then we must turn this body of knowledge into an educational process or a process of "concientización" to develop a humanity -- or better, to rehumanize humanity.

While we know that racism is one of the greatest problems in mental health, I think that the oppressive colonial aspects that created the conditions in our community must also be examined. We also have to look at the homeopathic type of medicine that comes down the pike. This is the kind of medicine that causes the illness it is supposed to cure. Then there are the delivery systems that often act as weapons and not sources of cure. The target is usually the guy out there who is receiving the services. He thinks he is getting cured, but maybe the services are just weapons making him worse. All of these things go into making our body of knowledge.

I mentioned at first the idea of malignant concern. Too often foundations and government agencies are not able to relate to counter-institutional models which crop up in the barrios and the communities. The big agencies can't relate to these counter-intitutional models because they are not able to send in the kinds of reports and other bureaucratic stuff that are necessary. As a result, NIMH and other government agencies can relate only to institutions which we don't have. If that is the case, then could it not be -- and I raise the question -- that the same system which has been part of the problem is now trying to be part of the cure? By getting a body of knowledge, we are beginning to avoid many of the cultural value conflicts that could occur. I try to deal with this issue in social work by analyzing the body of knowledge which underpins social work education. If I really were to follow these value conflicts all the way down, I would be the biggest racist and oppressor of all. I think we have to look at this problem too, and I frankly don't think that the institutions can look at it accurately. This is why I decided to start La Academia.

You know, it is very interesting to note the interest of organizations, such as WICHE, that all of a sudden have become interested in Chicanos. That's fine, but I remember when I got into a WICHE thing back in '64 when I was organizing ditch associations in Old Mexico. In Mexico we have ditch systems for irrigating our land, very small plots of land, and we found that the best way to work with mental health was to work with the social structures that were indigenous to the people. Then I didn't see any interest from the organizations that have all of a sudden become interested in getting into the socioeconomic and political factors of mental health as they affect La Raza. So, I think we see the handwriting on the wall. Cuando se caiga la águila, you know, when the money comes down, there are various groups that are interested in getting into it. We've got to look at some of our own diagnostic approaches, some of our own problems, and some of our own ways of looking at life by going through these intermediary groups. But I don't think this process is the way to get at the real problem. Pero como les dije, I'm not speaking for the whole shebang, and I'm not talking about el barrio because I think you have enough people from the barrio who can talk about that.

What do you do when you accumulate a body of knowledge? You can begin to translate it into power. I think one of the greatest sources of power is information like a particular body of knowledge. And it makes me very nervous to see that I am giving all of this to NIMH, whether it is good or not because I'm not sure if it is going to get back down to the people. There might be a hustler here who might put some of this information into a proposal. Who knows? I know for sure I can't write a proposal. As you begin to translate this body of knowledge into power, then you can begin to develop a kind of system for allocation of resources that will reflect the condition of the people.

For example, I'll talk a bit about drug addiction and alcoholism. I think these are probably two of the best illustrations where indigenous resources and indigenous life styles can really help. Can you imagine using a service system that is modeled after a mental health clinic or a welfare department or a hospital in working with a tecato. You wouldn't be able to do anything. Another thing is that as you begin to develop these kinds of problems with groups like these, you get right back to one of the greatest defense mechanisms of La Raza which is el picarismo. These groups too recognize the hypocrisy of the society and se cobijan con la misma cobija. You know, you cover yourself up with the same blanket that covers up the hypocrisy of the whole American society. You have all kinds of problems if you try to use the models that have always been there. They just don't work. And if these models don't work with the tecato and the alcoholic, why should they work with anybody else? This is a very pragmatic way of looking at the whole aspect of service delivery. Are we going to be just using indigeneous types of programs only with those who cannot be reached any other way or are we going to learn from these programs and generalize them?

In Santa Fe about a year and a half ago through COPAS, Corporacion Organizada para la Acción Servidora, we managed to use the 25 percent of model cities money normally used for day care, to develop a day care program as well as a mental health program. There is no NIMH money in it because we managed to find a loophole in the law and took the money out of Title IV Social Security. So, we have Welfare, Title IV money supporting a mental health program which is geared to preventive as well as rehabilitative types of programs. We

can do the same thing with drug addiction. And there are ways to begin to tap those sources. We haven't looked at NIMH because they don't have any money or COPAS can't write reports or something.

In the area of training, interestingly enough, when the college in Santa Fe saw that there was something going on, they were the first to apply for their training grant. And they got it. I boycott this effort personally because I don't want anything to do with institutions that all of a sudden grab onto ideas that are being developed by the grassroots community. This training grant was an experience in constituency planning, good or bad, whichever the case may be. The people were saying, "These are our problems. This is the way we want to solve them. We want to examine el oro del barrio. Is there something in our community which might be healthy? Nobody else has ever taken that gamble." O.K., so in six months, the Welfare Department, who was the contractor, assessed the project and said, "You have been at it for six months, and you still haven't cured the barrio." Well, you know, the Welfare Department has been screwing up the whole situation since 1935, so it could give the barrio community at least half that time to do a better job.

We Latinos are faced with a difficult task. First, we have to develop the body of knowledge, and then we have to begin to recycle it. And it doesn't come de volada, you know. It takes a while for it to happen. It's the same thing with the work that I am doing at La Academia in San Antonio with some of the guys around there. We are trying to find a method of using "concientización" as a mental health process or as a social service process in the planning, prevention, and rehabilitation aspects. Now, we don't know how well we will succeed in getting into this. We are hoping to have a meeting in March to see if there is a way this educational approach can really be just as successful as the adjustment model that we have been using. It's like when you get together with La Raza people, at least Chicanos, and you try to use a T-group approach to help them express their feelings. You don't need that. If anything, you need to help them control their feelings. I would like to see the T-group guys use our approach. Just recently I was in San Antonio with a National Training Laboratories T-group guy who was working with an interstate research associates group, a Chicano consultant firm. I wish

I had had a tape recorder so I could have analyzed the meeting to learn just how not to work with La Raza. So we are getting a big body of knowledge that must be recycled. I am suggesting that these are some of the things that are necessary for us to be able to weave our blanket and to change things. We've got to get our ship together. Dejemos el serape.

You know, throughout the whole discussion, I have been talking about the idea of oppressed and oppressive relationships. Now many people don't want to look at this. Maybe it is rhetoric. Maybe we have changed from racism to rhetoric, but I think it is, at least for the area where I come from, still quite important to look at racism. You know, we Latinos are part of the vanquished. I don't know how the rest of La Raza feels about it, but my ancestors didn't ask to come to New Mexico years ago. They just happened to be there. Somebody just planted them there.

So it is important to look at all of these different aspects and pick out the kinds of techniques and methods that might be useful in programs today. Now, I'm not suggesting that we discover the wheel all over again, because we know that there are some universal aspects of a body of knowledge already available that we don't have to rediscover, but I think we have to rediscover what is part of our own experience. There has to be a way to do this. I know that the Welfare Department alone has enough records to give you an idea how a personal experience through profound analysis of the social and economic situation can begin to help people to deal with this problem. In mental health also, personal experiences can begin to help people. Just as you would look at these experiences in a psychoanalytic way, you could also look at them in a learning way and make a profound analysis of those forces that have been impinging on these peoples lives. And I haven't seen this happening. I've seen a lot of problems with national programs and federal agencies, including NIMH. We have had several meetings where we had to play the old Chicano versus the Anglo trick with NIMH. And I'm tired of that because it doesn't do anything to help my mental health. I'm perfectly all right now, you know. It is not NIMH's fault; it is the way the system is made. Now, the Latino plays this game in research and training, and siempre sale cola. You know what I mean? He comes out in the end somewhere. Maybe that is fine, except that these

institutions are modeled after that body of knowledge which is not from our experience.

That's fine. But on the other side of the coin, we know that bodies of knowledge can be myths too. I remember when I directed the Colorado MAYO Council, under a myth and said that there were such things as kinship crews. The anthropologists were going crazy trying to find them. Se los llevó la fregada because they couldn't find one. Finally we found about 10 percent. But it was a way to get money, you know. So it's easy. That can also be a myth. So you can continue relating to the institutions, and they can continue to send you reports for you to put together. You know what I'm talking about. ¿Para qué le pego más? You use the community cooperation for services as a tool. For example, we have used model cities in this manner because it opened a way for us. But the problem here is that the expectations of the agencies are very high, as I mentioned earlier. They expect this grass roots effort right away to resolve the problems that have been created over a period of years and years. Well, I'm interested in this. But as I said éste es el año del marrano so I'm at the trough too.

So what is it that we're looking for? Is there any oro in the San Antonio Outreach Mental Health programs which has NIMH money as well as some very good Presbyterian money? Is there any oro in Santa Fe or is it part of the myth? I really would like to find out. Naturally, we use el oro del barrio concept, but do we really know if there is something there? We get evaluation teams coming in from hustling consultant firms and, you know, these guys act just like the middle-class patron. But what else do you have to emulate, except the system itself. We just have to get into our own oro and begin to look at the kinds of programs that are using the indigenous structures to try to find a way to reorganize life for a healthier society. Many times the considerations for funding are very politcally motivated. And least of all, people in health ought not to be concerned with such things. But probably the people in NIMH are forced to consider politics because they have to deal with the Hill. Then there are some people who are not concerned with the political motivations or the political aspects but decide whether to fund this Chicano or that Black. The hell with that. There are all sorts of people out there suffering, and I've already pointed out from my

point of view what we need to do. So if taking care of these folks is important from the point of view of a person committed to the health of a society, let's forget the political aspects, let's forget the partisan politics, let's forget the racial politics.

I have just seen a letter here concerning a L. A. group where the whole issue concerns the emphasis on Blacks and their control within the minority group. I know that very well in my own efforts in dealing with the Presbyterian Church that this is a political issue that is creeping more and more into the whole aspect of inter-minority relationships. I am not a minister, but I am a very good Presbyterian. I'm predestined to be sane. The Chicanos say "¡Que bárbaro, pues el negro agarra a todo!" He has the institutions; he has the colleges. The Chicanos have no colleges, and maybe we don't want colleges -- I don't think we do. We want Academias. It gets the colleges bankrupt, too. It is going to take a while to sell the Academia concept just because of the way the American society runs itself. Once it pollutes the earth it will go to Mars, and someone will find a way to live on Mars. Then these Anglos will say, "O.K., Chicanos, you can have the earth now." That is what they have done with the colleges, too. They screwed them all up and then said, "O.K. guys, now you can have Chicano Studies." I don't think this is paranoia. This is basic reality. En mis locuras, I get far out on these trips. I can see it all. Space buses taking gabachos to the moon, and finding a way to live out there, and then saying, "O.K., now you can have the Potomac." That's what has happened with institutions. So Chicanos have to form counter-institutions. We cannot emulate and mirror the same institutions in the American society. To change all that,we need to do our own research.

I got in to the technical language a little bit a while ago, and that is another problem. Now, the technical language and the technique are very important. I was talking to a man from Colombia a noche about one of the fellows I relate to in Colombia who is a sociologist. He may be a revolutionary, but others who are more revolutionary than he is say he's not. But he is a good sociologist, I think, and he comes down with the concept of a balance between the Utopian dreams and technology. And I think we really have to look at this idea. Just because we are La Raza and are people who are using indigenous efforts, it doesn't mean that

we are not interested in technology. I think it is that balance which allows us to use technology in such a way to bring about something like a marriage between the mystery and the technique. We can call it a "misteco", something that brings about a balance between the Utopian dreams of minority people and the use of technology. And for that we've got to begin to control something and begin really to look at our knowledge.

It is really funny when you talk about the power of the people. Ya me estoy poniendo viejo, pero at thirty-eight I know what it is all about all of a sudden. Before, it was rhetoric. How did I find out? Through the "concientización" method that La Academia has developed. All of a sudden by talking to a person who relates his story, oral history or folklore, you begin to find the insight that people have. "No pues, we lost the land grants because of the políticos. The politicians did it." O.K. I hear that no hay políticos hoy. Oh, yeah, there are políticos today, but they are dealing in other areas like welfare, health, estampas, food stamps, things like that. I guess all of a sudden you begin to find that the people do have a hell of a lot, and somehow we have lost it. That's el oro del barrio and that's also power to the people, and all of a sudden it clicks.

It's just like Pacheco, a mythological character we have in Mexico. He is the guy who says, "Me dijo el loco en el hospicio que no son todo lo que están y no están todo lo que son." I can't translate that. But anyway, we're all a little crazy and we are all a little sane. Pacheco also says that the reason we need to have our own body of knowledge es que "Cuando yo les diga que la burra es parda es que traigo los peinos en la mano." That's empirical. When I say that the barra is gray, it is that I have the hairs in my hand. And we've got to be able to say that. And we are saying it. But I guess we are talking about el año del marrano and maybe some of us are concerned with resources. Maybe NIMH is more concerned than we are. But anyway, what's important, I think is the relating to individuals and to groups who are concerned with the use of technology but also who reflect their identity and hold on to that Utopian dream that things might be better someday. This is where you get, again, into the oppressive colonial aspects of society. Some Chicanos, at least those in New Mexico, are very concerned not about the benign neglect, but about the malignant concern. It could be

that if we don't control our information that our virtues will be turned against us. You've got to keep pushing, you know. For every loco in the barrio thinking new ways of succeeding, there are ten B. F. Skinners making sure that you make it or else you'll fall down where there are about twenty McNamaras.

So I think it is important that we begin to control our information to develop our power. We have to create the knowledge upon which we base our actions and to discover the norms by which we define our behavior. So we can use these methods very well in such areas as constituency planning. This is how I got tied to NIMH. I was starving to death up in New Mexico, trying to get La Academia going, and Juan asked, "How would you like to do a job?" I said, "I'll have to sell out." So I sold out for a while. Well, I still sell out. I am a vendido, not a comprado. When you sell yourself, you set the price, but when they buy you, ¿Qué va a hacer? It's only a figment of my imagination that I'm really strong. I guess I am a comprado too. Who isn't?

I just wish to summarize what we have to do. We have to develop our body of knowledge, use counter-institutional methods to do the research and the training and then make use of the total barrio experience. Since I'm not from the barrio I can't tell you about this last part. Ask Rogelio Chapa and other people who are here about that experience and the viability of that experience and how really to put it together. And then we can use the techniques that come from the wheel that was invented by someone else. We can combine all this knowledge in the whole effort of constituency planning. I think that is where it begins. I think it begins by discovering how the people themselves view the world, how the people categorize their illnessess.

I just want to show you some of these categories, and then I will sit down and let you weave your own blanket de un modo o otro. I was talking to this bato and he said, "Oh, I know this guy, and the other day somebody bumped his car and hit his fender." He said the guy came out of the car, picked up an ax and established a symmetrical balance on the other side. So I asked this guy, "¿Qué tiene este bato? What's the matter with this guy?" And he said, "Está loco y poco pendejo." Now I understand that pendejo to Cubans is something else. See, that is why you have to get your categories straight. To us it's just foolish. That's all.

Well, anyway, another guy's wife had a tumor, an ovarian tumor and after ten months, the husband finally told her, "No está embarazada. You can't be pregnant." But she continued waiting. After two and a half years she still had the layette and was waiting for the arrival. So I asked the guy, "What is the matter with her?" He said, "Está loca y muy pendeja. She is crazy and extremely foolish."

Now these people are considered desprovista de ganado. You know, they're lacking their flock. Well, what do you do about them. "No más te curas y miras de que la pata cojea." You know, you just kind of sit back, and you understand that these people have a problem and that they have lost their goats, they have lost their flock. The differentiation is that one is poco loco y pendejo and the other is very pendejo. You know, very foolish. Well, what do you do? Well, you take the woman to the doctor. What for? To remove the tumor. Then what happens to her illusions or delusions? Ya se acabó. Empirically it's all over.

Then there was another case. We have a tradition in the Hispano community where we go out and sing Las Manuelitas on New Year's morning. We get out with the guitars and sing to los manueles, and then we sing to the other people. When you go into a house, they offer you something. Some people have good booze, and some people have bad booze, and by the time you are through with about seven houses, ya andas que....
You can't hold the guitar and you don't know what to do. So, this one guy lost his goats, see, right away. He was a raquinto player. We needed him very badly. And all of a sudden se le tiró otro a ese bato. And then he said, "You've been looking at my wife" Well, the wife had no business dando los días. But somehow she wanted to break the tradition. You know, women's lib and all of this business has been encroaching into our culture, too. And before we knew it the guy had broken a bottle, and he was out there really trying to rallarle el disco. So being a mental health guy as well as a bato from the village, I said, "¿Qué va? What do we do?" Well, the other guy decided that the only way to cure this cat was to go get his gun. So he went for his gun. After a while, we went over and evaluated the whole situation. The guy who had run for his gun said, "You know, this guy has to drink to express his feelings. He is always afraid that someone will look at his wife." So I asked, "What's wrong with him?"

And he answered, "Ese bato está loco y tonto. He is crazy, and he is also violent." Well, how do you handle this kind of guy? You must be careful. The only thing he understands is a few shots fired around him. Fine, so that's what goes on.

Then we have this other situation. This guy would not drink water from his own well. He would walk six miles to get his water. Finally, he got so scared and paranoid, to the point where he felt that he couldn't even eat the food that was being brought in. He was kind of a recluse, you know. That is what we called him anyway. I think the doctor called him paranoid schizophrenic, or something like that. Anyway, this guy keeps going for his water. Finally, he can't take any food. So he cleans each bean individually with a towel. And he prepares his own food. And I asked, "What's the matter with that guy?" "Oh, that guy, está loco...loco loco. You know, he is out of contact with reality." So I asked, "What if some day he thinks that you are going to pick up the gun and go after him? Then what would he do?" See, he is already setting up his whole defense system. And this guy says, "At that point, you just watch him and you understand that you cannot encourage his fear. But you just go along with him?" Then he added, "But the problem with a guy like that is that if you treat him fraternalmente, brotherly like, and go along with his locura, with his cabra that went away, then the guy will probably not develop to that point. You don't encourage his fears. If he says he is not going to eat, don't invite him to eat. If he cleans each bean individually, let him do that. And then he will never grab a gun because, you know, it will subside."

So, tenemos in our culture, where I come from, our own diagnosis, our own diagnostic terminology. And that, as crazy as it looks, is part of our body of knowledge. And if el bato está desprovista de ganado, if he has lost his flock, that is just the way it is. If he is a little tonto or safado above that, you know, then you deal with that accordingly. And if he's pendejo, New Mexico style, then you deal with that accordingly, also. You try not to do anything to encourage the fear.

As I was doing this the last couple of weeks, I was thinking how you just take things for granted. You have your own technical language and your own method of describing behavior, and somehow you forget that there is a big gulf between the way that you describe the

behavior and the way the people themselves describe the behavior. And the way they describe the behavior is very important because their description also offers ways of solving whatever problem is there. So I think it gives a lesson, that maybe it is O.K. to go along with el loco del hospicio and understand que no son todo lo que están y no están todo lo que son.

NIMH Priorities

Bertram S. Brown
Director, NIMH

This morning I have just two or three minutes of half-prepared thoughts or perhaps five to ten minutes of thinking out loud. I suspect it will be most worthwhile, however, to spend most of this time listening to comments that you can bring to my attention and that will be of interest to everybody here.

I think the most important thing about this Conference is that it is taking place. I suspect that it is, perhaps, twenty years too late for NIMH finally to be having such a Conference and perhaps a hundred years too late for the country to be taking such steps. When there is this length of procrastination and delay in doing what is necessary, there are inevitably many problems to be faced that have built up during that time. I think that dealing with these problems that have arisen in the twenty years of delay or the century of oppression are perhaps the most challenging part of the task placed before us.

Now, I am here for two reasons. One of them is symbolic and the other is substantive. I am fond of saying that there are two types of people in this world, those who divide people into two types and those who do not. So when I say that there are just two reasons why I am here, that statement is a simplification. Symbolically, I am here because I wanted to express personally my interest, concern, awareness, and sincere desire to help in the challenges we, the NIMH staff, the Spanish speaking populations and others, have together. The substantive part of my presence involves learning. I mean that not only just in the sense that there is much that I do not know, but also in the sense that I think we have much to learn in order to interact with each other well enough to be helpful to each other.

An illustration of this task might be in the area of language. I have often been fascinated with how close language is to basic thinking and culture. There is a very famous hypothesis in anthropology which essentially says that language itself expresses the basic ability to think. For example, there are certain languages which have no words for our prepositions "before"

and "after". These languages have no cause and effect. Such differences in language and culture show up in actual diplomatic work. I know in Spanish the clock sometimes walks while it runs in English. It becomes possible to look at a language and to begin to see certain subtle differences of how time feels as seen through the language. This is surely the case with Spanish. And to complicate matters in this language, there is no simple stereotype among the Spanish speaking peoples. I have become aware of the large coalition of all sorts of Spanish speaking people: Puerto Rican, Cuban, Chicano, Mexican American, Central American, South American, and Spanish. Each of these groups has a distinct vocabulary expressing a somewhat different culture and way of looking at things. We have much to learn to understand each other if we accept this hypothesis.

The most important thing that I have to offer to the group, I think, comes out of my experience in dealing for ten years with the raw reality that the name of the game is politics. So in that sense, I think that the kind of conversation that goes on at coffee breaks and at caucuses is of real importance. For example, if this were a meeting to elect a President or a Governor how would you turn it to your advantage to get the kind of resources that you need? I think dealing with such issues as the politics of the situation, be it presidential, state, local, or NIMH politics, is the only practical way of looking at any given situation realistically. This political frame of reference is one that I also think gets at the most fundamental issues.

For example, one of the things that was very hot at the time when I became Director of NIMH was a vigorous issue over decentralization. There were such questions as whether the Federal government would decentralize to the regional offices and what would be the roles of the regional offices in the states and so forth. This issue around decentralization was started not in the current administration but in the past administration and has both a "good" and a "bad" side. The good side concerns those who are sincerely trying to get "government" closer to the people so that citizens feel they have a voice in their own destiny and can be personally involved in making decisions. This is the very healthy, democratic, decent, human side of decentralization. But there is another side, an ugly

side that cries out to weaken the central structures that are really trying to do things for people. This side wants to weaken those central structures that have political clout and knowledge to get money. Here the politics of the situation is critical. It influences whether individuals get the resources they want and whether they deal with staff in the central office, in the regional office or in their local community. In the last few months, I am pleased to say that the decentralization issue has settled down to where it really counts. Citizen participation is occupying the inner sanctum of the decentralization issue. For example, here are some of the questions that are being asked: What are the minimum requirements of citizen participation? In giving out money, what obligation does the Federal government have to consider citizen participation? What are the rights of grantees? What are the rights of the community in dealing with the recipient of a grant? The decentralization issue is now dealing with its basic, ultimate intent which is to involve citizens in their government and to listen to their voices regarding programs affecting their communities.

I would just like to mention one other area, and then I will entertain your comments and reactions. This area is the issue of priorities. We are often vastly admired, or in some cases, laughed at because of our marvelous set of priorities. We seem to have priorities for all occasions. We have priorities for professors, priorities for citizen groups, priorities for Congress. I often receive notes from Division Chiefs who say, "Please don't make me the number one priority any more. Just give me the personnel I request." Research has a history of being our number one priority though we are quite sincere also about training and service. When I became Director, we set some topical and opportunistic priorities which I think are important and with which I think everybody here is familiar. We said that meeting certain basic needs in the area of child mental health was our number one priority. With regard to our second priority we decided to fly into the face of the devil and to explore the mental health and behavioral science aspects of law and order. We wanted to deal with the crime issue head on. Our third priority concerned the mental health interests of minority groups. This meeting is an effort related to this priority.

Now, in making progress or not making progress on these priorities, we begin to get back to my basic point which is that the name of the game is politics. Some psychiatrists and other professionals divide politics into the politics of therapy, the politics of love, the politics of human services and so on. If these divisions are considered in terms of the allocations of resources, our priorities, child mental health, law and order, minorities, will be determined by how skillfully, knowledgeably and ethically the politics of the situation is handled.

Demands of the Spanish Speaking Participants

1. Appoint Spanish speaking individuals to Initial Review Groups in proportion to the percentage of Spanish speaking people in the United States (5%).

2. Appoint at least one Spanish speaking representative to the National Advisory Mental Health Council.

3. Initiate affirmative action in implementing the Civil Rights Act by funding Spanish speaking projects and by hiring Spanish speaking personnel especially at the policy-making level throughout NIMH.

4. Create a Center for Spanish Speaking Mental Health Programs since the Center for Minority Group Mental Health Programs is irrelevant to the needs of the Spanish speaking.

5. Include bicultural as well as bilingual concepts in all NIMH programs and policies.

6. Fund specific geographical areas with Spanish speaking populations in accordance with their problems and needs and allow each community to define and designate these needs.

7. Recognize the Coalition of Spanish Speaking Mental Health Organizations (COSSMHO) as a legitimate Spanish speaking interest group and community development organization which may be funded by NIMH and to which NIMH is accountable.

8. Develop a comprehensive plan to establish developmental funding for community based leadership training. Make available developmental funding for community based leadership training.

9. Revise the census figures to show the actual percentage of Spanish speaking in the United States.

10. Establish equal opportunities for women to be employed in NIMH policy-making and administrative positions.

11. Focus attention on all geographical areas with heavy concentrations of Spanish speaking populations not solely those in the southwestern United States.

Workgroup Reports

Mental Health Services

The workgroup discussed a number of issues that related to the community's opinion of the mental health and mental health services. This discussion was the basis for recommendations that were developed during the second session. The following is an outline of the discussion during the first work session.

1. Perception of mental illness among the Spanish speaking.

    a. Spanish speaking do not like to go to mental health facilities for fear of being labeled "crazy". The Spanish speaking cultures have created many terms and expressions to indicate individual variations which avoid the stigma of mental illness.

    b. There is need for a "service image" which is broader than the treatment of mental illness. Mental illness in the Spanish speaking community is often only a symptom of other problems outside the traditional domain of mental health. All of these problems must be understood and treated.

2. Adequacy of existing programs:

    a. Many CMHCs have no out-reach programs and consequently, cannot serve a number of Spanish speaking who either do not know about the Center or do not come to the Center for fear of being tagged "crazy"

    b. There is a need for an evaluative system to measure the relevancy, extent, and effectiveness of services offered to the Spanish speaking.

    c. The services do not incorporate the Spanish speaking individual's mental health perception.

    d. The service programs should be monitored by the communities. The community's opinion should be considered in establishing and funding programs.

3. Establishing a service program.

a. Community groups do not know the mechanics of applying for a CMHC grant. There is a need for technical assistance in the development of programs.

b. Spanish speaking professionals and citizen representatives should be included in the review process and used as consultants to NIMH to ensure that the programs have relevancy for the Spanish speaking. Community support of service programs should be requisite for funding.

c. A percentage of the Initiations and Development Grants should be designated for Spanish speaking communities.

4. Training and utilization of personnel.

a. CMHCs should employ individuals representative of the population being served. Centers serving the Spanish speaking need staff who not only speak Spanish, but who also understand the cultural background of the people.

b. A manpower and training program should be developed to include the immediate employment of community workers to meet the current needs and to train professionals and paraprofessionals for longer-range programs.

c. Provisions should be made available for exchange of personnel for training purposes. e.g., travel funds should be available for planners to visit service programs that are successful in meeting community needs.

The workgroup participants compiled the following recommendations to NIMH and to the Division of Mental Health Service Programs.

1. Designate a representative number of Initiation and Development grants for the Spanish speaking community.

2. Earmark funds for training Spanish speaking professionals and paraprofessionals in the mental health fields.

3. Offer technical assistance to the Spanish speaking in developing grant proposals until the community develops expertise in this area.

4. Demand that service grants in-progress incorporate the mental health perspectives of the Spanish speaking community and that funding be stopped if programs do not comply.

5. Recruit the Spanish speaking for internships and fellowships within the Institute.

6. Provide incentive stipends to attract Spanish speaking students into the mental health fields.

7. Fund pilot projects to

a. train Spanish speaking staff,

b. identify the types of programs needed, and

c. evaluate the existing Centers in terms of their relevancy to the community served.

8. Evaluate, considering the community's opinion, the existing CMHCs serving the Spanish speaking annually and every 90 days noting program direction, staffing patterns, and service impact on the community.

9. Use participants of the NIMH Spanish Speaking Conference as resources for developing criteria for the 90 day and annual site evaluations.

10. Provide funds for service center planning teams to travel to model Service Centers which are successful in meeting community needs.

11. Utilize representative Spanish speaking leaders as consultants in planning programs serving Spanish speaking communities.

12. Require that CMHCs provide more comprehensive mental health services by using preventive and multi-service approaches to treat a wide-range of problems facing the Spanish speaking.

13. Establish out-reach programs in the Service Centers to serve the Spanish speaking who fear the

Center or are ignorant of the services offered.

14. Require that Service Centers employ staff that are bilingual as well as bicultural.

15. Incorporate community solutions for curing mental illness, such as curanderas, spiritualists, and santerismo in CMHCs serving the Spanish speaking.

16. Initiate affirmative action to ensure that provisions of the Civil Rights Act are being carried out.

17. Offer training to non-Spanish speaking individuals working in mental health fields in order that they may understand the special problems and needs of the Spanish speaking.

Participants

Spanish Speaking Conferees
Amelia M. Castillo, Chairman
Pedro Ruiz
Yolanda Sanchez
Milton N. Silva, Resource
Albert Vasquez
Rosa I. Vasquez

NIMH Staff
Edward J. Kelty
Humberto Rosselli
Ralph C. Kennedy

Manpower and Training

In addition to making recommendations to NIMH, the group dealt with a number of training problems facing the Spanish speaking community. In general, the participants felt that the Division of Manpower and Training Programs and NIMH were not meeting the needs of Spanish speaking Americans. A reorganization of the DMTP was suggested so that programs could be made more relevant to the community being served. The group agreed that the splitting up of the training, research and service programs destroys any comprehensive effort to improve mental health programs.

Specifically in the training fields, the Spanish speaking group members said that training money fails to reach the "ultimate client" or consumer. Training curricula neglect programs addressing the specific needs of Spanish speaking Americans. In this area the workgroup recommended that the community itself be given control of the educational programs. It was further suggested that the Division develop new institutional training models including bilingual-bicultural concepts to improve the paucity of relevant training programs.

Following this general discussion the group developed set of specific recommendations to the Division of Manpower and Training Programs and to NIMH:

1. Develop a mechanism to insure compliance with the 1964 Civil Rights Act by June 1972.

    a. Defund grants or demand refunding of grantees not complying with the Civil Rights Act.

    b. Require that NIMH decisions and policy concur with the Civil Rights Act.

    c. Focus attention on the following in relating the Civil Rights Act to the Spanish speaking:

        1) Develop training curricula relevant to the Spanish speaking.

        2) Recruit Spanish speaking faculty.

        3) Recruit Spanish speaking students into training programs.

4) Develop a practicum relevant to the Spanish speaking.

2. Develop a two-pronged "crash program" to increase Spanish speaking manpower in mental health fields with 10 percent of the Manpower and Training budget set aside for this purpose.

a. Establish a Crash Technical Assistance Service (CTAS) to:

1) Increase consultant staff to work on specific assignments with the Spanish speaking.

2) Develop a small contract program to seed manpower and training planning projects with Spanish speaking staff.

3) Stimulate and develop conferences and workshops for training planners, (possibly through the Continuing Education Branch).

b. Develop a specific crash recruitment and training program for the Spanish speaking within DMTP.

3. Establish and fund two demonstration training centers to serve as models for integrating training, service, and research aspects of manpower development.

Participants

Spanish Speaking Conferees	NIMH Staff
Teresa Aragón de Shepro	George L. Adams
Tomás Atencio	Bernard Bandler
Raquel E. Cohen, Chairman	William H. Denham
Ismael Dieppa, Resource	Willie S. Williams
J. Enrique Salinas	

Research

The first meeting was spent mostly reviewing the procedures of the Extramural Research Division for selecting members for review committees, applying for research funding, and involving the community in research. The question of technical assistance to Spanish speaking researchers was discussed, and it was suggested that NIMH staff could provide such assistance at workshops held at the various regional professional meetings. The Spring meeting of the Southwestern Social Science Association to be held in San Antonio was mentioned as a possible site for one such workshop. It was also felt that action (i.e., applied) research was of more immediate value to the Spanish speaking community than basic research.

The second meeting focused on the research priorities of the Spanish speaking community and a number of ways NIMH could be more responsive to the research needs of the Spanish speaking community. The research priorities and recommendations drawn up by the committee follow.

1. Investigations of uninstitutionalized ways that the Spanish speaking community deals with mental health problems and means by which these can be legitimized by institutionalized mental health service programs.

    a. Intervention methods of dealing with crisis situations should be sought. It was noted that many of the problems which the Spanish speaking take to the clinic are of multiproblem origin and intervention techniques must be sought, rather than the all too common referral to another agency or office.

    b. Research on the utilization of mental health services should be undertaken. The different attitudes of individuals within a group toward institutionalized mental health care should be examined. Out-reach programs must be looked into for their effectivess in meeting the needs of the Spanish speaking community.

c. Comparative research on therapeutic techniques with the Spanish speaking must be undertaken to select the most advantageous and effective therapeutic model dealing with the Spanish speaking (group vs. individual therapy, long term vs. short term therapy, crisis intervention vs. a more traditional kind of therapy).

d. Development of films on the mental health problems and treatment of the Spanish speaking for use as training devices to sensitize mental health workers.

2. Definition of normative behavior for the Spanish speaking.
It was pointed out that what may be "abnormal" behavior for one group may not be so for another group. Accordingly, what constitutes psychopathology for the Spanish speaking person, and ways to detect and measure it must be found.

3. Ecological studies of the barrio.
The barrio as a social system must be better understood. Emphasis should focus on the crucial aspects of social interactions which take place in the barrio.

4. Mental health of the Spanish speaking child.
It was felt that special attention should be given to certain critical periods in the life of the Spanish speaking child. Two critical periods mentioned were:

a. Age 5-6, when the child enters school and may experience the cultural shock of not knowing the language.

b. Late elementary school or junior high school, when the child begins to question his identity and role in life.

5. Distinction between social class difference and cultural and/or ethnic differences.
Investigations here should include a wide range of social behaviors and should deal with the questions of values within this area.

6. The Spanish speaking individual's view of the world as contributor to differences in behavior.
The definition of normal behavior, individual values and life styles are of primary importance here.

7. Conflict generation and resolution in the Spanish speaking community.
It is felt that this is vital to the mental health of the Spanish speaking community. Such research should focus on:

a. Differences within a Spanish speaking group (intra-group differences).

b. Contacts and relations between various individual groups (inter-ethnic relationships).

c. Process of change within the barrio as a result of inter-ethnic contacts).

d. Consequence of the introduction of a new ethnic group into a social situation.

8. New and/or improved methodologies for studying the Spanish speaking.
Attention should be given to research strategies and screening instruments. These new methodologies should be free of ethnocentric biases.

9. New screening and testing instruments which are culturally sensitive not only to the Spanish speaking as a whole but to the various subgroups of Spanish speaking across the country.

10. Coping styles of the Spanish speaking in dealwith grief, death and other crisis situations. Some questions to be asked in this area include the following:

a. What are the safety valves for reducing stress?

b. What are group reactions to stress?

c. What are the linkages between coping styles at different ages?

d. What are the linkages between coping styles between family members?

e. What are the adaptive strategies used by the Spanish speaking in functioning in an often hostile environment?

Recommendations for Action

1. NIMH should encourage more representative Spanish speaking participation on Research Review Committees, especially certain critical committees: Clinical Research, Juvenile Problems, Mental Health Small Grants, Personality and Cognition, and Social Problems Research Review Committee.

2. Mechanisms must be found to facilitate funding of community based researchers. This can be accomplished by increased dissemination of information on the process of research funding, technical assistance to Spanish speaking researchers on grantmanship. In addition, ways must be found to channel more funds into contracted research of immediate importance to the Spanish speaking community.

3. An ad hoc committee should be formed to establish mechanisms of monitoring research projects affecting the Spanish speaking.

4. With regard to research priorities, it is felt that projects concerned with intervention and prevention of mental disorders of the Spanish speaking should be given the highest priority.

5. It should be the responsibility of NIMH to better define the guidelines of research funding and research monitoring by the Center for Minority Group Mental Health Programs.

6. NIMH should insist on the early and continuous consultation of the communities in all research projects that involve them. Attempts should be made to see that the community is consulted in the design of the research and in the construction of screening instruments, questionnaires, and other measures taken during the projects. If at all possible, the researcher should seek community participation in conducting the research. In addition, the researcher and the community should evaluate the research product.

7. NIMH, through the Center for Minority Group Mental Health Programs, should request that all research published relating to Spanish speaking be coded in the same manner as such by the National Science Information Center for easy identification and retrieval of important research.

Participants

Spanish Speaking Conferees	NIMH Staff
Lupe Anguiano	Lidia Crane
Thomas Langner, Resource	Alvin E. Goins
Amado M. Padilla, Chairman	Martin M. Katz
Julius Rivera	Abel G. Ossorio
Jaime Sena Rivera	Miriam M. Staples
	Lorraine B. Torres
	Louis A. Wienckowski

Special Mental Health Programs

The workgroup discussed at length NIMH's method of operation and the various ways in which the Spanish speaking should organize their efforts to affect changes in the Institute on their behalf. The group concentrated on the issues that had been introduced in the general session prior to the first workgroup meeting rather than on programs dealing specifically with crime and delinquency, child mental health, the aging, minorities and metropolitan studies.

Mr. Smith, however, did inform the group that his staff views juvenile delinquency as a high priority and is interested in receiving grants on the prevention and extent of delinquency. The group also discussed crime and juvenile delinquency as a symptom rather than a cause of other mental illnesses and problems. Treating juvenile delinquency with community care in lieu of institutional care was suggested.

Mr. Vischi described the current planning project for the aging. The Spanish speaking expressed interest in becoming involved in this program.

In addition the following recommendations were proposed:

1. Designate program funds for specific problems of the Spanish speaking via earmarking of funds and the use of contracts.

2. Make funds available to community groupe which may not be affiliated with some institution or university.

3. Develop guidelines for the IRGs specifying minimum number of Spanish speaking as members. The Spanish speaking in turn will supply NIMH with names of qualified people.

4. Fund service programs at a constant minimum level for the duration of a grant and guarantee that the money will not be reduced at will.

5. Extend the model being developed for funding small demonstration projects (of less than $5000) sponsored by the Section for Youth and Student Affairs to the funding of small grants projects for Spanish speaking groups.

6. Study and document the cultural strengths of the Spanish speaking and not just the weaknesses, illnesses, and handicaps.

7. Give special attention to the enforcement of the Civil Rights Act especially with regard to the equal employment of the Spanish speaking.

8. Increase the amount of contract money in relation to grant money until the Spanish speaking community groups are viable enough to compete for grant money.

9. Appoint Spanish speaking observer/consultants to IRGs until Spanish speaking individuals are appointed members of specific IRGs.

10. Consider the Coalition of Spanish speaking Mental Health Organization (COSSMHO) as a community development organization and interest group which may be funded by NIMH.

11. Employ Spanish speaking staff throughout NIMH program areas.

12. Provide technical assistance to the Spanish speaking in applying for grants. One method could be through the preparation of a videotape in Spanish on the grant process for use by community groups.

13. Establish a liaison between the Affirmative Action Committee and COSSMHO to coordinate staffing of Spanish speaking.

14. Request the Division Directors to submit to COSSMHO the number of Spanish speaking staff in their Divisions, the positions available and their GS level.

As a final suggestion, it was proposed that COSSMHO followup on the recommendations made to NIMH at the Conference.

Group Participants

Spanish Speaking Conferees
Roger Chapa
Roberto D. Gonzales
Faustina Ramirez Knoll
Magdalena Miranda, Chairman
Robert Peña, Resource
Trinidad Piña, Resource

NIMH Staff
Roberto L. Duron
James R. Ralph
Walter M. Smith
Thomas R. Vischi

Alcoholism and Drug Abuse

The first session was spent discussing various alcohol and drug abuse problems as seen by the community. In general, discussion centered around the following points:

1. Drugs are a major problems for the Spanish speaking. Mr. Acevedo reported that heroin and marijuana are the primary causes of crime in California.

2. Alcohol and drug abuse services generally address the needs of middle-class Anglos and not those of the lower class Spanish speaking.

3. The Spanish speaking must learn the procedures for applying for grants and for monitoring expenditures after money is allocated. Lobbying NIMH on a regular basis and working within the system are means of affecting change and ultimately obtaining funds for grass roots programs.

4. Of the 40 million dollars of Federal drug money very little sifts down to the barrio.

5. Community individuals and professionals view the same drug and alcohol problems with different perspectives. Professional treatment often fails to cure the problems in terms of the community's viewpoint.

6. Drinking patterns of the Spanish speaking are different from those of the middle-class or poor Whites and should be accounted for in programs serving the Spanish speaking.

7. There are no rehabilitation programs to help the ex-convict/ex-addict reenter society after his prison term.

Staff from the Division on Narcotic Addiction and Drug Abuse and the Institute on Alcohol Abuse and Alcoholism attended the second workgroup session. Mr. Kissko described the grant mechanism of NIAAA and the programs currently in progress. In particular, he elaborated on the state formula grants and the staffing grants. Dr. Scanlon and Mr. Leukefeld discussed the same procedures in the Drug Division. Dr. Bunney later recommended that a liaison representative be designated from DNADA to consult with Spanish speaking representatives on programs relating to the Spanish speaking. Karst

Besteman, Deputy Director, was designated to work with Mr. Acevedo in drug programs. Mrs. Dulfano was, in turn, chosen by the group to work with Ruth Sanchez, Community Assistance Branch Chief, on alcohol programs.

The workgroup agreed on the following recommendations to NIMH:

1. Employ community people including ex-addicts and ex-alcoholics in the alcohol and drug abuse training centers.

2. Appoint Spanish speaking professionals and paraprofessionals with experience in the drug abuse/alcoholism fields to policy-making and evaluation committees.

3. Establish drug abuse and alcoholism training seminars throughout the nation.

4. Provide technical assistance to assist community individuals and organizations in writing grant proposals.

5. Establish rehabilitation services for ex-convicts who are ex-alcoholics/ex-addicts.

6. Organize regional and national conferences to bring together Spanish speaking individuals involved in the alcohol and drug abuse fields in order to share information so that better services can be provided nation-wide.

7. Require that services affecting the Spanish speaking reflect the particular community drinking and drug patterns and community perspectives which are distinct from those of middle-class or poor Whites.

Participants

Spanish Speaking Conferees	NIMH Staff
Juan D. Acevedo, Chairman	William E. Bunney
Erasmo Andrade	Roberto L. Duron
Sam Brito	James A. Kissko
Celia Dulfano, Resource	Carl G. Leukefeld
Ricardo Galbis	Susan G. Riley
Gloria López McKnight	John C. Scanlon
Pedro Nel Saavedra	E. Fuller Torrey

Response: NIMH Division

Division of Mental Health Service Programs
Claudewell S. Thomas, Director

I would like to say that I am quite impressed by the work of the services workshop group. It brings to mind the work of a very early ad hoc group that met in relation to the Services Division and its activities about a year ago. I see at least one face that was present in that group. The issue at that time was cultural pluralism and its meaning in terms of the service delivery picture. My own personal belief, which I have been able to convert into action only in a limited way because of the very complex bureaucratic system Dr. Bandler and others pointed out, has been to view the health needs of the nation, not in terms of those people who are most proximate to a cultural norm, that is an Anglo Saxon or Western European norm, but those who are most distant. The former have a number of alternatives within the health care system. What defines the health deficit of the nation is those who have no alternatives within the system. The work of that early ad hoc group reflected this problem.

Part of that early discourse also involved an agreement that the primary mechanism for solving such problems might be the Initiation and Development Grant. But as you know, that depends upon the amount of money in the total program. However, I think that the Division of Mental Health Service Programs is committed to use any available I & D Funds in helping design services that are appropriate to minority groups and culturally deviant groups. There is one other complication. That is that we are now the proprietors of a decentralized program where the administration and award of service grants is now the province of the regional offices. But those of you who are aware of what is going on in this area know that we have been going around the country talking to regional offices about the potential of Initiation and Development Grants for minority groups, and in particular, for Spanish speaking groups.

Now, as I said earlier, we are the administrators of a program that started off relating to the needs of the majority groups in this country, and to some extent this pattern is a little bit set in concrete. One of our major tasks and commitments is to see how we can

unset that kind of commitment without doing a disservice to the majority groups, but to make sure that minority groups are adequately represented and adequately served. Part of that involves finding ways and means of transferring some of the monitoring responsibility to communities, and this, I note, is one of the questions and implied recommendations of the services workshop. This process is a very difficult and complex task, partly because there is a history to these grants and awards and to the evolution of certain structures within the Health, Education and Welfare Department. And as other have indicated, this kind of meeting is not enough. We are going to require constant reminders as to your needs and constant input as to your suggestions to meet them. To the limit of our abilities and it is limited, we will try to see to it that the changes are brought about, but in order to do so, we are going to need your help.

Division of Manpower and Training Programs
Bernard Bandler, Acting Director

First let me express my tremendous pleasure at the recommendations made by the manpower and training group.

Before I comment on the recommendations I have several general points to make. The name of the game is power. The problems are institutional change, and the distribution of power. Institutional change within NIMH results from having a critical number of minority members en masse on the staff and review committees. Only by these steps can minorities be guaranteed the process of change in this institution. A second and equally important factor in this game is change in institutions outside NIMH. I am rather sceptical about the possibilities of success with them, unfortunately. The power here lies in the reallocation of money to different types of decentralized institutions. Because of this somewhat pessimistic view of change within outside institutions, I am particularly committed to advocating change in NIMH. A third item I would like to mention concerns a report being prepared by Bill Denham and George Adams. For some time now they have been examining our Division's stance in relation to minorities and developing mechanisms by which the Division can implement that position. This process involves change in Divisional staff and the carrying out of established minority commitments.

Now I would like to respond to the workshop recommendations. Of the three specific recommendations, the first was to develop mechanisms to ensure the enforcement of the Civil Right Act. This plan would affect curriculum and practicum development, recruitment of Spanish speaking staff, students and faculty, and institutions receiving NIMH funding. We have some facts to put together in this area, and we will begin this process. First, is this an area that necessarily applies to NIMH as a whole or can the Division of Manpower and Training act independently on it? Decisions governing such action, if indeed DMPT can act, cannot be made alone by me or other members of the Division. The Institute would have to develop such a policy taking into consideration the elaborate implications of such action in terms of the reaction of a very important traditional constituency of the

Institute. However, on my part, I will move as fully as possible to set up some compliance mechanism, and certainly by July 1 we will have a report for you. Even if we cannot cease funding all grants or institutions violating the Civil Rights Act or reject grants not complying, there are many other methods of persuasion. We will push for putting the maximum teeth into this program and refuse to allocate funds or else terminate grants.

The second recommendation for a "crash program" includes two sections. The first section is a Crash Technical Assistance Service made up of three prongs. The first part is the allocation of money to seed manpower and training programs with Spanish speaking staff. The second involves technical assistance to the Spanish speaking and the third concerns training workshops. It has been suggested that the Continuing Education Branch could be recruited to help with this last provision. Our Division will move on these suggestions provided we can kick off the horrible bureaucratic restrictions. These restrictions include the deadlines by which applications must be received, processed, reviewed by IRGs and finally funded. Many of our programs can receive applications only once a year, September 1. They are reviewed by IRGs in January, considered by the National Advisory Mental Health Council in March, but not funded until the following July. I think there may be some exceptions to this schedule. I have not been here long enough to be able to maneuver within our system or to manipulate it, but I will do my best to learn rapidly so that we can initiate this part of the Crash Program.

The second phase of this program is a request for increased Spanish speaking people on our DMPT staff. By the way, I met today with the people who keep the records for the review committee on Experimental and Special Training. They are recommending a Spanish speaking person to the committee, so by next July you will have a sixth Spanish speaking member on DMPT review committees. We have only one job opening between now and July 1, which is grade level 14, and we certainly will do our best to recruit a Spanish speaking person for that position. I must qualify that statement. We need a tremendous input from you in terms of recommendations of personnel. It is absolutely crucial that we have a channel of communication with you. With whom can we communicate in this group?

We are going to need some mechanism of communication to carry out all of these plans and particularly meet the July 1 deadlines. An additional point in this same area: for the following fiscal year, we have been asked to reduce further our manpower and grade levels. To meet this limit we have been able to add only five minority members to our staff since last March. I hope when people do leave, minority members will have absolute priority. I do not intend to be pessimistic, just realistic.

For these entire crash programs you have requested that we commit only 10 percent of DMPT funds. Since my goal is to have 50 percent of our funds set aside for minority groups, I think 10 percent is too low. We have the Mental Health Career Development Program in the Division which trains an elite professional group who then are recruited into NIMH. When this program reviewed and accepted applicants for training beginning this July 1, 50 percent belonged to minority groups.

I might also mention in relation to the Minority Center that of its $3 million over $1 million comes from the Division of Manpower and Training. Of that $1 million about $450,000 is attached to grants which it is continuing to fund, but another $550,000 to $600,000 is actually free, unattached money which is a gift from our Division to the Minority Center.

The third and final workgroup recommendation was aimed to relieve racism in training institutions by establishing training programs that are relevant to the Spanish speaking. The group requested that two training centers be established which would integrate service, training, and research. I think this is a goal which requires, again, constant collaboration between us if it is to be met. There are enormous complexities involved if institutions training professionals must have some accreditation from professional associations or from the state in order to recruit qualified students. But we will participate with you as much as we can in this process. I doubt that you are going to get the changes you want from the existing training institutions. You will have to develop new types of institutions, such as the training centers you have recommended.

And now let me express my own personal appreciation for the privilege of working with you these last two days.

Division of Extramural Research Programs
Louis A. Wienckowski, Director

It was gratifying to work with the research workgroup in establishing some of their research priorities and recommendations. I am in wholehearted agreement with the list that was presented, partially because I think that some of the suggestions are already being implemented in our program to a certain degree.

We are witnessing a new emphasis in community research that is not peculiar to this Conference and our Initial Review Groups are also aware of it. It is almost a methodological necessity to involve the communities, either in planning research projects or in reaping the eventual benefits, if you will, of the research that goes on in their areas.

With regard to technical assistance, we, the Research Division and I, pledge our utmost cooperation in whatever way we can be of assistance with the resources available to us. I have already distributed written materials describing our programs and other Federal government programs relevant to your interests including some references to sources that can provide you with literature on how to write proposals. Before this meeting, we submitted to the NIMH Planning Branch a list of things we might do to help the Spanish speaking community in the research area. We suggested holding regional workshops and attending various national meetings such as Spanish speaking social science meetings to assist people in the preparation of proposals. A very interesting recommendation was made to set up an intermediary review group or consultant body to screen preliminary proposals. This group would look at pilot proposals and feed back information that would be helpful to investigators in preparing proposals in final form for formal review. These seem to sum up my positive comments.

On the negative side, because of my research bias, I must confess that I was bitterly disappointed to note that the word research was not mentioned in connection with any of the recommendations from the other workgroups. The problems there are equally researchable,

and there are research components within each of those Divisions. Some attention was focused on research of service delivery in Dr. Thomas' Division. Unfortunately, Dr. Howard Davis was not able to be here. If he had been present, he would have spent more time discussing this area, I am sure.

In addition, I think it is a serious omission to set up training programs or delivery programs without some kind of built-in evaluation component. I think that any new endeavors should automatically include an evaluation component from the start.

Similarly, I felt a kind of disappointment because very little emphasis was placed on the problems of children. You are not going to solve the problems of the Spanish speaking people in this generation or even the next two or three generations. You would have a double advantage if you focused on children because, as Dr. Brown said, NIMH is already very heavily committed to the problems of children. If you focused on the combined needs of children and minorities, you would have two points of advantage to begin with.

In regard to the possibility of acquiring an increased amount of contract money over grant money, I regret that no one from the budget office is present because they could acquaint you with the great difficulties involved in the Institute's effort to increase the availability of contract money. We have not had a long history of access to contract funds, unlike some other parts of the Department such as NIH, and it is very difficult to change the modality of support. But I am sure that HEW will hear your pleas, and perhaps something can be done by way of involving us in more collaborative contract supported efforts.

In conclusion, I have several comments. We hear you loud and clear. We will be discussing, at least within the Division of Extramural Research Programs, the various recommendations made by the research workgroups. I have regular meetings with the chairmen of our Initial Review Groups twice a year and I plan to bring the Conference and workshop summaries to their attention this March. I want to urge you to approach other agencies within the Federal government, particularly within the Department of

HEW. I think because of greater accessibility, NIMH is usually in the forefront of these kinds of activities. The Office of Education, the Office of Economic Opportunity, and the Department of Housing and Urban Development should be tapped as potential resources to meet your needs and interests. I might point out finally, that we are traveling on a two-way street, and in exchange for our willingness to provide you with financial support, we in turn need help from you to supply us with needed information to achieve quality in all programs.

Division of Special Mental Health Programs
Walter M. Smith, Deputy Director

I want to commend you on your demands, particularly the items concerning Spanish speaking members appointed to Initial Review Groups and the hiring of Spanish speaking staff throughout NIMH. The IRGs play a very important part in relation to the Institute. But I want to caution you. Solutions to your problems and fulfillment of your desires will not automatically flow from having Spanish speaking individuals on the IRGs and on the NIMH staff. Other channels must be found.

Now, to respond to the comments and complaints about the appointments made to the Minority Center Initial Review Group. Perhaps it was our fault that we neglected to consider the subgroups of the Spanish speaking in our selection. Instead of considering Chicanos, Cubans, and Puerto Ricans, we looked at the broader ethnic division of Spanish speaking Americans. In the past, we have chosen members for the IRGs because of their competence. This was, for example, the case with the Blacks we appointed and with the Spanish speaking member we selected. If we have made errors, we will correct them as we go along.

Another important point I want to stress is that you not think that this meeting alone is enough. You must keep alive the contacts you are establishing at the working level in each division. Your concerns, your desires, your questions, your priorities and your complaints are all perfectly legitimate. We are a public agency and stand ready to hear your feelings. But as I told the workgroup that I was in, I have been amazed at the lack of interest in the Minority Center which was created especially to take care of minority problems. I expected hundreds of proposals to come in saying, "This is what we want to do. Can you help us?" So far we have received five. After this meeting the staff will probably regret my saying this because I am sure you will inundate us with work. But up to now you have not taken advantage of the services we can offer.

Admittedly, the Minority Center is just a beginning, and it is working with a limited staff, but there are

other resources to be tapped. Dr. Goodman, who regrets that he cannot be here due to an IRG meeting in Florida, is asking us in the Division to develop a comprehensive program to utilize the staff and resources of all the centers rather than to allocate resources to each semi-autonomous center. By not dividing funds between delinquency, minorities, metropolitan problems and so on, we will be able to increase our resources for use in areas that concern you.

Let me point out one other pitfall we should avoid. I do not mean to discredit Ken, but I do not put great faith in the liaison scheme. It is just that I have seen these relationships established before, though not necessarily in the Institute, and after a month or two they tend to fade out. People lose interest because they see no immediate results from their coming in and meeting with us one or two times. They get discouraged because they do not get what they want or we misunderstand their needs. These relationships simply take time to develop and to work out. So, I caution you here not to expect great changes in the first months after you visit us once. After all, this process is new to us also.

We look backward and point with pride to where we have been and to what we have done. What you are asking us to do now is to plan ahead with some intent to do something that you want done in your own particular area. We hear your message and will, I am sure, act accordingly.

National Institute on Alcohol Abuse and Alcoholism
Kenneth L. Eaton, Deputy Director

First of all I would like to convey the personal regards of my boss, Dr. Morris Chafetz, who is himself a Spanish speaking person, though not of Spanish ethnic descent. He specifically asked me to be with you today and respond to your recommendations in the area of alcoholism programs.

My reaction to such issues as placing Spanish speaking people on our staff is very positive. We are recruiting staff and ask that you submit nominations for positions. We are tightly committed to the employment of minority people. In fact, we are presently in the process of recruiting for several high level positions. Dr. Chafetz and I have begun the recruitment process about three times but have stopped each time because we agreed that we did not have adequate information from minority groups, and we did not feel that our recruitment was extensive enough for selecting the staff that we need. I share this with you only to affirm an unalterable commitment on our part to appoint Spanish speaking individuals in our offices. In addition, I assure you that we are suffering from this understaffing at some very high levels. But even though it means that those of us who are there now must fill in the gaps, we are not going to let our commitment weaken.

In response to the repeated recommendation to appoint Spanish speaking members to the Initial Review Groups, we invite your specific recommendations and nominations. We have three IRGs composed of about 40-45 people, and like all initial review groups, there is some turnover each year. We welcome your participation in helping us recommend Spanish speaking individuals to fill the vacancies.

I am pleased that the group this morning and yesterday afternoon, settled upon a liaison person with whom we can consult. We are delighted with this decision and look forward to working closely with Celia Dulfano as closely, in fact, as her time permits.

Now I would make a basic challenge to you, not a disagreement, but a challenge, of the efficacy of some of the points of emphasis that have been repeated these two days. Specifically, a great deal of emphasis has been placed upon staff appointments to Spanish speaking individuals and the appointment of Spanish speaking members to IRGs and NIMH advisory councils. I agree that this is an important step toward influencing change on behalf of the Spanish speaking, and I commit the full cooperation in the Alcohol Institute to carry out these recommendations. However, my challenge is to question whether these appointments in themselves will really satisfy your goals. I guess what I am doing is introducing a little fear that sometimes our acute concentration on these selective processes might cause us to ultimately overlook our mutual goal of helping people. I hope our self-interest does not blur our vision of the total picture. We must not lose sight of the important problems we have before us. The Alcohol Institute is engaged in dealing with them, and we need your help to guide us.

We must guard against focusing on only one area in solving our problems and consider additional avenues of approach. I think there was a particularly pointed remark made yesterday morning by Tomás Atencio about the need for counter-institutional methods. There could not be a truer statement. Looking at the history of many Federal programs, I recall the development of institutions at the Federal level and almost immediately, the development of corollary institutions at community levels. For example, the Economic Opportunity Act served as the catalyst for the creation of local institutions dealing with the same issues at a different level. The same is true for the NIMH local community mental health services which sprang up after the passage of the Mental Health Centers Act. I do not think that separate local institutions need to be created to affect change in the Alcoholism area, but I do feel that we need some counter institutional methods which will permit the resources of our national, state, and local governments to be deployed in a more effective and responsive fashion. The existing institutions simply cannot carry all of the responsibility for curing the ills of the Spanish speaking instantly.

I do not know an easy answer to improving this situation. I do not know how to surmount the

bureaucratic problem of channeling funds and resources and knowledge to a population of people who are trying to live with their problems without creating institutions for those specific purposes. But I am convinced that there must be a way, and I think that by working together, we can find that way. This cooperative effort is my commitment to you.

I recall another pointed remark from Tomás' address that applies to this same commitment: "knowledge is derived from experience." Because Dr. Chafetz and my experience working with you is limited, our knowledge is also limited. In spite of the deep commitments of our entire staff, we need more experience with you to guide our decisions. This conference is a good beginning for us to learn about you and also for you to find out how we operate. But this is only a beginning. I invite you all, and especially Celia, to consider additional methods to bring us together to share our experiences and knowledge.

I can offer one for you to learn what to expect from the IRGs and the National Advisory Mental Health Council. I invite you to be our guests during these meetings so you can draw your own conclusions about the powers and responsibilities of these committees. From such an experience you can then determine how much effort you should devote to being appointed to these committees.

I would like to offer a final suggestion for you to improve your knowledge about the Alcoholism programs. We would be very interested in having a small, capable and committed group to work formally with us to take a look at our budget, our priorities, our policies, our grant mechanisms, and our review processes and to make specific recommendations about the kinds of program changes needed to make our services responsive to the problems of your people. I commit our staff time as necessary for this undertaking and hope you can organize a knowledgeable group to work with us. This is the way to get something done. You need to confront us with wrong judgements on our part, and we need to understand the reasons for those confrontations. I am suggesting we get to the business at a very serious and, in fact, a detailed level. I commit my full cooperation in seeing that whatever needs to be done on our half of this partnership is indeed done, and is done in the way most responsive to your interests.

Division of Narcotic Addiction and Drug Abuse
Narcotic Addict Rehabilitation Branch
Robert W. Carrick, Assistant Chief

Federal funding for drug abuse programs is diverse and spans many agencies. The President, in the newly expanded effort to curb drug abuse, proposed legislation to establish a Special Action Office for Drug Abuse Prevention. This office is presently operating under an Executive Order. This new office is to establish priorities, and direct the coordination of the Federal effort in the field of drug abuse.

Within the National Institute of Mental Health, the Division of Narcotic Addiction and Drug Abuse is the primary agency responsible for the administration of research, education and training, and prevention and treatment of drug abuse. The Federal funding for prevention and treatment programs administered by the Division are authorized under Part D of the Community Mental Health Centers Act as amended. The funding is through grants-in-aid available to any public or private non-profit agency.

The following is the response of the Division of Narcotic Addiction to the recommendations of the conferees:

1. Representation on Initial Review Groups

   The Initial Review Groups of the Division has qualified individuals from minority groups. The Division is committed to ensure continued representation.

2. Hiring Spanish Speaking Personnel

   The Division is committed to the search for qualified professionals from minority groups. The Narcotic Addict Rehabilitation Branch has recently lost to Regional Offices two such professionals. Recruitment is often difficult because of the reluctance of the Spanish speaking professional to uproot his family to move to Washington, D.C. At this time there are staff vacancies, and the Division is looking for Spanish speaking personnel to fill these openings.

3. Employment of Community People including Ex-Addicts in Drug Abuse Treatment and Training Centers

The Division started to use and has encouraged the employment of ex-addicts and community people in the civil commitment program established established by the Narcotic Addict Rehabilitation Act of 1966 and in the first grants program established by Title IV of the Act.

The special "expertise" of the ex-addict continues to be utilized by agencies receiving grants.

The newly organized Education and Training Section of the Division has established in the training programs being developed the special role for the ex-addict to be used as a teacher and is also planning for special training for the ex-addict and paraprofessional from the community.

4. Community Participation in Grant Application and Program Development

Effort is being made to ensure community participation in the grant and program development through the consultation provided by staff program development specialists. This process ensures that the program developed will be accepted and used. Community participation is always a major item considered by the Initial Review Group in their evaluation of grant applications.

5. Development of Liaison with the Spanish Speaking Conference

Dr. Bunney, Director, Division of Narcotic Addiction and Drug Abuse has designated Mr. Karst J. Besteman, Deputy Director as the liaison person for the Division. It is understood that Mr. Juan Acevedo is to be the liaison for Spanish speaking groups.

Summary of Recommendations

Summary of Recommendations

General Recommendations and Demands

*1. Appoint Spanish speaking individuals to Initial Review Groups (IRGs) in proportion to the percentage of Spanish speaking people in the United States (5%).[1/]

2. Assign Spanish speaking observer/consultants to IRGs until Spanish speaking individuals are appointed members of specific IRGs.

*3. Appoint at least one Spanish speaking individual to the National Advisory Mental Health Council.

4. Provide technical assistance to the Spanish speaking in applying for grants.

a. Prepare a videotape in Spanish on the grant process for use by community groups.

b. Create an ad hoc committee to advise the Spanish speaking on their grant and program proposals in preparation for review by the IRGs.

c. Make funds available to community groups which may not be affiliated with some institution or university.

5. Develop a plan to ensure compliance with the Civil Rights Act by June 1972.

*a. Initiate affirmative action in implementing the Civil Rights Act by funding Spanish speaking projects and by hiring Spanish speaking personnel especially at the policy-making level throughout NIMH.

*b. Establish equal opportunities for women to be employed in NIMH policy-making and administrative positions.

1/ Asterisk indicates that the recommendation is one of the eleven demands presented to Dr. Bertram Brown by the Spanish speaking caucus at the Conference.

c. Defund grants or demand refunding of grantees not complying with the Civil Rights Act.

d. Require that NIMH decisions and policy comply with the Civil Rights Act.

*6. Recognize the Coalition of Spanish Speaking Mental Health Organizations (COSSMHO) as a legitimate Spanish speaking interest group and community development organization which may be funded by NIMH and to which NIMH is accountable.

*7. Include bicultural as well as bilingual concepts in all NIMH programs and policies.

*8. Create a Center for Spanish Speaking Mental Health Programs since the Center for Minority Group Mental Health Programs is irrelevant to the needs of the Spanish speaking.

9. Request the Division Directors to submit to COSSMHO the number of Spanish speaking staff in their Division and the positions currently available with their GS level.

10. Establish a liaison between the Affirmative Action Committee and COSSMHO to coordinate staffing of the Spanish speaking.

11 Fund pilot projects to train Spanish speaking staff for positions throughout NIMH and recruit Spanish speaking individuals for internships and fellowships within the Institute.

12. Increase the amount of contract money in relation to grant money until the Spanish speaking community groups develop expertise in applying for grants.

*13. Focus attention on all geographical areas with heavy concentrations of Spanish speaking populations not solely those in the southwestern United States.

*14. Fund specific geographical areas with Spanish speaking populations in accordance with their problems and needs and allow each community to define and designate these needs.

*15. Revise the census figures to show the actual percentage of Spanish speaking in the United States.

Division of Mental Health Service Programs

1. Designate a representative number of Initiation and Development grants for the Spanish speaking community.

2. Demand that service grants in-progress incorporate the mental health perspectives of the Spanish speaking community and that funding be stopped if programs do not comply.

3. Evaluate, considering the community's opinion, the existing CMHCs serving the Spanish speaking annually and every 90 days noting program direction, staffing patterns, and service impact on the community.

4. Use participants of the NIMH Spanish Speaking Conference as resources for developing criteria for the 90 day and annual site evaluations.

5. Provide funds for CMHC planning teams to travel to model CMHCs which are successful in meeting community needs.

6. Utilize representative Spanish speaking leaders as consultants in planning programs serving Spanish speaking communities.

7. Require that CMHCs provide more comprehensive mental health services by using preventive and multi-service approaches to treat a wide range of problems facing the Spanish speaking.

8. Establish out-reach programs in the Service Centers to serve the Spanish speaking who fear the Center or are ignorant of the services offered.

9. Require that Service Centers employ staff that are bilingual as well as bicultural.

10. Incorporate the community methods of curing mental illness such as curanderas, spiritualists, and santerismo in CMHCs serving the Spanish speaking.

11. Fund pilot projects to identify, with community participation, the types of programs needed for specific locations and to evaluate existing Centers in terms of their relevancy to the community served.

12. Fund service programs at a constant minimum level for the duration of a grant.

Division of Manpower and Training

1. Earmark funds for training Spanish speaking professionals and paraprofessionals in the mental health fields.

2. Provide incentive stipends to attract Spanish speaking students into the mental health fields.

*3. Develop a comprehensive plan for establishing developmental funding for community based leadership training.

4. Focus attention on the following in relating the Civil Rights Act to the Spanish speaking:

a. Develop a training curriculum relevant to the Spanish speaking.

b. Recruit Spanish speaking faculty.

c. Recruit Spanish speaking students into training programs.

d. Develop a practicum relevant to the Spanish speaking.

5. Develop a two-pronged "crash program" to increase Spanish speaking manpower in mental health fields with 10 percent of Manpower and Training budget set aside for this purpose.

a. Establish a Crash Technical Assistance Service (CTAS) to:

1. Increase consultant staff to work on specific assignments with the Spanish speaking.

2. Develop a small contract program to seed manpower and training planning projects with Spanish speaking staff.

3. Stimulate and develop conferences and workshops for training planners, (possibly through the Continuing Education Branch).

b. Develop a specific crash recruitment and training program for the Spanish speaking within the Division of Manpower and Training Programs.

6. Establish and fund two demonstration training centers to serve as models for integrating training, service, and research aspects of manpower development.

7. Offer training to non-Spanish speaking individuals working with the Spanish speaking in mental health fields in order that they may understand the special problems and needs of the Spanish speaking.

Division of Research

Recommendations

1. Include Spanish speaking on research review committees, especially Clinical Research, Juvenile Problems, Mental Health Small Grants, Personality and Cognition, and Social Problems Research Review Committees.

2. Establish research priorities along the lines of intervention-prevention which is multi-thrust in nature, to include a number of the research areas.

3. Define guidelines for the Center for Minority Group Mental Health Programs for research funding and research monitoring.

4. Use community participation in the design and implementation of research programs.

5. Code all research published relating to the Spanish speaking in the same manner as the National Science Information Center to ensure easy identification and accessibility.

6. Study and document the cultural strengths of the Spanish speaking and not just the weaknesses, illnesses and handicaps.

Recommended Research Priorities

1. Uninstitutionalized ways in which the Spanish speaking community deals with mental health concerns and means of applying these mechanisms to institutional

mental health service programs.

a. Intervention research especially in the area of multi-problem crises.

b. Utilization of community mental health services with specific reference to the different attitudes of individuals within a group toward institutionalized mental health care.

c. Utilization of community out-reach programs

d. Studies comparing therapeutic techniques, e.g., group vs individual therapy; long-term vs short-term therapy; crisis intervention therapy vs a more traditional kind of therapy.

e. Development of films on mental health problems and treatment of the Spanish speaking.

2. Definition of normative behavior for the Spanish speaking.

3. Ecological studies of the barrio as a total system relating to Spanish speaking mental health.

4. Critical periods in the life of the Spanish speaking child.

5. Distinction between social class differences and cultural and/or ethnic differences.

6. World view of the Spanish speaking and how this factor contributes to differences in life experiences.

7. Conflict generation and resolution within the barrio.

a. Differences within a Spanish speaking group (intra-group difference).

b. Relations between various individual groups (inter-ethnic relationships).

c. Process of change within the barrio as a result of interaction among ethnic groups.

8. Methodologies for studying the Spanish speaking.

a. Development of research strategies used cross-culturally.

b. Development of screening and testing instruments that are culturally sensitive not only to the Spanish speaking as a whole but to the various Spanish speaking groups across the country.

9. Coping mechanisms of the Spanish speaking in dealing with grief, death and other crises.

10. Studies and documentation of the cultural strengths of the Spanish speaking and not just their weaknesses, illnesses and handicaps.

Division of Special Mental Health Problems

1. Extend the model being developed for funding small demonstration projects (of less than $50000) sponsored by the Section for Youth and Student Affairs to the funding of small projects for Spanish Speaking Groups.

Other recommendations are incorporated into Section on General Recommendations and Demands.

National Institute on Alcohol Abuse and Alcoholism

Division of Narcotic Addiction and Drug Abuse

1. Employ community people including ex-addicts and recovered alcoholics in the alcohol and drug abuse training centers.

2. Appoint Spanish speaking professionals and paraprofessionals with experience in the drug abuse/alcoholism fields on policy-making and evaluation committees.

3. Establish drug abuse and alcoholism training seminars throughout the nation.

4. Establish rehabilitation services for ex-convicts who are recovered alcoholics/ex-addicts

3. Organize regional and national conferences to bring together Spanish speaking individuals involved in the alcohol and drug abuse fields in order to share information so that better services can be provided nation-wide.

4. Require that services affecting the Spanish speaking reflect the particular community drinking and drug patterns and community perspectives which are distinct from those of middle-class or poor Whites.

Conference Participants

SPANISH SPEAKING CONFERENCE
NATIONAL INSTITUTE OF MENTAL HEALTH
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION
January 11-12, 1972 Bethesda, Maryland

PARTICIPANTS

Mr. Juan P. Acevedo	Executive Director Narcotics Prevention Program Boyle Heights Center	507 Echandia Street Los Angeles, California 90033 (213) 223-4017
Dr. George L. Adams	Special Assistant Division of Manpower and Training NIMH, HSMHA	5600 Fishers Lane Rockville, Maryland 20852 (301) 443-4257
Mr. Erasmo Andrade	Director Mental Health Planning Project Hogg Foundation for Mental Health - South Texas Project	P. O. Box 550 Crystal City, Texas 78839 (512) 374-3342
Mrs. Lupe Anguiano	Civil Rights Specialist Women's Action Program DHEW	330 Independence Avenue, S. W. Room 3427 Washington, D. C. 20201 (202) 962-8151
Mr. Tomás Atencio	Coordinator La Academia	P. O. Box 148 Dixon, New Mexico 87527 (505) 579-4349

Dr. Bernard Bandler	Acting Director Division of Manpower and Training Programs NIMH, [redacted]	5600 Fishers Lane Rockville, Maryland 20852 (301) 443-4257
Mr. Samuel Brito	Mental Health Program Specialist Region VI, NIMH, [redacted]	Federal Office Building 1114 Commerce Street Dallas, Texas 75202 (214) 749-3426
Dr. Bertram S. Brown	Director NIMH, [redacted]	5600 Fishers Lane Rockville, Maryland 20852 (301) 443-3673
Dr. William E. Bunney	Acting Director Division of Narcotic Addiction NIMH, [redacted]	5600 Fishers Lane Rockville, Maryland 20852 (301) 443-4227
Dr. Harry P. Cain II	Assistant Director for Planning and Evaluation NIMH, [redacted]	5600 Fishers Lane Rockville, Maryland 20852 (301) 443-3175

Mr. Robert W. Carrick	Assistant Chief Narcotic Addict Rehabilitation Branch Division of Narcotic Addiction and Drug Abuse NIMH, HSMHA	5600 Fishers Lane Rockville, Maryland 20852 (301) 443-4666
Mrs. Amelia M. Castillo	Administrator Father Rahm Information and Referral Center	419 South Virginia Street El Paso, Texas 79901 (915) 532-5949
Mr. Roger Chapa	Narcotic Specialist Mental Health Field Program	615 Perez Street San Antonio, Texas 78207 (512) 225-4241 Ext. 47
Dr. Raquel E. Cohen	Associate Director Laboratory Community Psychiatry Harvard University Medical School	58 Fenwood Road Boston, Massachusetts 02115 (617) 232-6951
Mrs. Lidia Crane	Secretary Center for Minority Group Mental Health Programs Division of Special Mental Health Programs NIMH, HSMHA	5600 Fishers Lane Rockville, Maryland 20852 (301) 443-3724

Dr. William M. Denham	Acting Associate Director for Program Coordination Division of Manpower and Training Programs NIMH, HSMHA	5600 Fishers Lane Rockville, Maryland 20852 (301) 443-1278
Mr. Ismael Dieppa	Director East Los Angeles Chicano Mental Health Training Center	741 South Atlantic Boulevard Los Angeles, California 90022 (213) 263-9694
Mrs. Celia Dulfano	Director Social Work Training Program in Alcoholism New York State Training Programs	105 East 22nd Street New York, New York 10010 (212) 254-9400
Mr. Roberto L. Duron	Mental Health Program Specialist Region IX, NIMH, HSMHA	Federal Office Building 50 Fulton Street San Francisco, California 94102 (415) 556-2215

Mr. Kenneth L. Eaton	Deputy Director National Institute on Alcoholism and Alcohol Abuse NIMH, HSMHA	5600 Fishers Lane Rockville, Maryland 20852 (301) 443-3851
Dr. Ricardo Galbis	President Andromeda Incorporated Community Mental Health Project	1707 Rhode Island Avenue, N.W. Washington, D. C. 20036 (202) 347-1676
Dr. Alvin E. Goins	Chief Personality and Cognition Research Section Behavioral Sciences Research Branch Division of Extramural Research Programs NIMH, HSMHA	5600 Fishers Lane Rockville, Maryland 20852 (301) 443-3944
Mr. Roberto D. Gonzales	Program Monitor State Department of Urban Affairs	8 East Long Street Columbus, Ohio 43215 (614) 469-3488

Dr. Martin M. Katz	Chief Clinical Research Branch Division of Extramural Research Programs NIMH, HSMHA	5600 Fishers Lane Rockville, Maryland 20852 (301) 443-4524
Dr. Edward J. Kelty	Chief Planning and Allied Systems Branch Division of Mental Health Service Programs NIMH, HSMHA	5600 Fishers Lane Rockville, Maryland 20852 (301) 443-3667
Dr. Ralph C. Kennedy	Chief Community Mental Health Services Support Branch Division of Mental Health Service Programs NIMH, HSMHA	5600 Fishers Lane Rockville, Maryland 20852 (301) 443-3623
Mr. James A. Kissko	Health Services Officer Special Projects Branch National Institute on Alcoholism and Alcohol Abuse NIMH, HSMHA	5600 Fishers Lane Rockville, Maryland 20852 (301) 443-2954

Mrs. Faustina Ramirez Knoll	Supervisor - Youth Services Catholic Social Services of Wayne County	9851 Hamilton Avenue Detroit, Michigan 48202 (313) 883-2100
Dr. Thomas Langner	Professor of Epidemiology Division of Epidemiology Columbia University	600 West 168th Street New York, New York 10032 (212) 925-7300
Mr. Carl G. Leukefeld	Program Development Specialist Narcotic Addict Rehabilitation Branch Division of Narcotic Addiction and Drug Abuse NIMH, HSMHA	5600 Fishers Lane Rockville, Maryland 20852 (301) 443-4547
Mr. Ralph Littlestone	Chief Planning Branch Office of Program Planning and Evaluation NIMH, HSMHA	5600 Fishers Lane Rockville, Maryland 20852 (301) 443-3476

Mrs. Gloria Lopez McKnight	Public Welfare Worker of Employment Related Services Wayne County Department of Social Services	640 Temple Street Detroit, Michigan 48201 (313) 222-2785
Miss Magdalena Miranda	Assistant Professor Livingston College Rutgers University	New Brunswick New Jersey 08903 (201) 932-3954
Mr. K. Patrick Okura	Executive Assistant to the Director NIMH, HSMHA	5600 Fishers Lane Rockville, Maryland 20852 (301) 443-4297
Dr. Abel G. Ossorio	Associate Regional Health Director for Mental Health Region VIII, NIMH, HSMHA	Federal Office Building 1961 Stout Street Denver, Colorado 80202 (303) 837-3177
Dr. Jerry Osterweil	Deputy Director Division of Manpower and Training Programs NIMH, HSMHA	5600 Fishers Lane Rockville, Maryland 20852 (301) 443-4259

Dr. Amado M. Padilla	Assistant Professor Department of Psychology University of California	Santa Barbara, California 93106 (805) 961-2210
Mr. Robert Pena	Public School Social Worker Denver Public School System	414 - 14th Street Denver, Colorado 80202 (303) 623-7193
Mr. Trinidad Piña	State Coordinator for Chicano Studies Colonias Del Valle	P. O. Box 907 San Juan, Texas 78589 (512) 787-9901
Miss Maria Poinsett	Management Intern Office of Spanish Surnamed Americans Office of the Secretary DHEW	330 Independence Avenue, S. W. Washington, D. C. 20201 (202) 963-6952
Mrs. Marion Primas	Social Science Analyst Planning Branch Office of Program Planning and Evaluation NIMH, ESMHA	5600 Fishers Lane Rockville, Maryland 20852 (301) 443-3476

Dr. James R. Ralph	Chief Center for Minority Group Mental Health Programs Division of Special Mental Health Programs NIMH, HSMHA	5600 Fishers Lane Rockville, Maryland 20852 (301) 443-3724
Dr. Juan Ramos	Special Assistant to the Director Office of Program Coordination NIMH, HSMHA	5600 Fishers Lane Rockville, Maryland 20852 (301) 443-3823
Mr. Arthur E. Raya	Special Assistant for Spanish Speaking Affairs to the Assistant Secretary for Health and Scientific Affairs DHEW	330 Independence Avenue, S. W. Washington, D. C. 20201 (202) 962-8411
Miss Susan G. Riley	NIMH Contractor Planning Branch Office of Program Planning and Evaluation NIMH, HSMHA	5600 Fishers Lane Rockville, Maryland 20852 (301) 443-3476

Dr. Julius Rivera	Professor Sociology Department University of Houston	Houston, Texas 77004 (713) 748-6600 Ext. 1085 or 1075
Dr. Humberto Rosselli	President Elect Sociedad Colombiana de Psiquiatria	Carrera 18, Number 84-87 Apartment #406 Bogota 8, D.E., Colombia, South America
Dr. Pedro Ruiz	Director Lincoln Hospital Community Mental Health Center	781 East 142nd Street New York, New York 10454 (212) 993-4376
Dr. Pedro Nel Saavedra	Experimental Health Specialist Mental Health Education Area "B" Mental Health Community Center	1125 Spring Road, N. W. Washington, D. C. 20010 (202) 629-5404
Mr. J. Enrique Salinas	Regional Director for 15 County Area State Department of Public Welfare	P. O. Box 2410 San Antonio, Texas 78298 (512) CA 3-2661

Miss Yolanda Sanchez	Director Office of Puerto Rican Program Development City College of New York	Administration Building Room 306B 138th Street & Convent Avenue New York, New York 10031 (212) 621-2425
Dr. John C. Scanlon	Associate Director for Program Planning Division of Narcotic Addiction and Drug Abuse NIMH, HSMHA	5600 Fishers Lane Rockville, Maryland 20852 (301) 443-3629
Mr. Jaime Sena Rivera	Acting Assistant Professor Sociology and Chicano Studies Department of Sociology University of California	Riverside, California 92502 (714) 787-3543
Mrs. Theresa Aragon de Shepro	Vice Provost for Special Programs University of Washington	Seattle, Washington 98105 (206) 543-9210
Dr. Milton N. Silva	Associate Director Mental Health Unit Huntspoint Multiservice Corporation	810 East 152nd Street New York, New York 10455 (212) 993-3800

Mr. Walter M. Smith	Deputy Director Division of Special Mental Health Programs NIMH, HSMHA	5600 Fishers Lane Rockville, Maryland 20852 (301) 443-3533
Mrs. Miriam Malavet de Staples	NIMH Consultant Office of Communications NIMH, HSMHA	5600 Fishers Lane Rockville, Maryland 20852 (301) 443-4276
Dr. Claudewell S. Thomas	Director Division of Mental Health Service Programs NIMH, HSMHA	5600 Fishers Lane Rockville, Maryland 20852 (301) 443-3606
Mrs. Lorraine B. Torres	Chief Social Sciences Research Branch Division of Extramural Research Programs NIMH, HSMHA	5600 Fishers Lane Rockville, Maryland 20852 (301) 443-3942

Dr. E. Fuller Torrey	Special Assistant to the Director for International Affairs NIMH, HSMHA	5600 Fishers Lane Rockville, Maryland 20852 (301) 443-4233
	Staff New Careers Program Division of Manpower and Training Programs NIMH, HSMHA	5600 Fishers Lane Rockville, Maryland 20852 (301) 443-4233
Dr. Albert Vasquez	Director Pilsen Mental Health Center	1624 West 18th Street Chicago, Illinois 60608 (312) 341-8535-36-37
Mrs. Rosa I. Vasquez	Director Accion Community Center	452 S.W. 12th Avenue Miami, Florida 33135 (305) 649-2400
Mr. Thomas R. Vischi	Social Science Analyst Planning Branch Office of Program Planning and Evaluation NIMH, HSMHA	5600 Fishers Lane Rockville, Maryland 20852 (301) 443-3476

Dr. Louis A. Wienckowski	Director Division of Extramural Research Programs NIMH, HSMHA	5600 Fishers Lane Rockville, Maryland 20852 (301) 443-3563
Dr. Willie S. Williams	Executive Secretary Center for Minority Group Mental Health Programs Division of Special Mental Health Programs NIMH, HSMHA	5600 Fishers Lane Rockville, Maryland 20852 (301) 443-3724